

# Aboriginal and Torres Strait Islander Social Health Atlas of Australia

Notes on the data

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### Introductory information

The indicator information and data sources are presented below in the general order used by PHIDU in their products by the themes of [Demographic and social indicators](#), [Health status, disability and deaths](#) and [Use and provision of health and welfare services](#).

### Geographical structures

Data are presented for Indigenous Areas, Primary Health Networks, 'Quintiles' - Quintiles based on Indigenous Relative Socioeconomic Outcomes index (derived from 2016 Census data); and 'Remoteness' - Remoteness Areas of Australia (derived from 2016 or 2021 Census data).

For further information regarding the geographies available, refer to the [geographical structures](#) information.

### Statistical information

Except where otherwise stated, all age-standardised rates and ratios presented in the maps, data or graphs are indirectly standardised rates, based on the Australian standard. For information on the statistics presented, refer to the [statistical information](#) available from the PHIDU website.

### Modelled estimates

#### Overview

In the absence of data from administrative data sets, estimates were produced for PHIDU by the Australian Bureau of Statistics (ABS) at the Indigenous Area level for selected health risk factors from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS).

National surveys such as the NATSIHS are designed to measure population characteristics for Australia or for a large proportion of the Australian population such as for a state or territory. Due to sample size limitations, it is not possible to provide accurate measures of population characteristics at lower geographic levels, with small survey sample sizes resulting in high margins of error. To meet user demands for information at lower geographic levels, the Australian Bureau of Statistics (ABS) can produce modelled estimates. Modelled estimates use both the survey responses for NATSIHS, together with other information about the population of a geographic area gained from the Population Census and administrative data sources to build a predictive model that estimates a given characteristic for a small area. The term "small area" refers to a geographical area that is smaller than a state or territory, such as Indigenous Areas and Indigenous Regions. Strictly speaking modelled estimates are not as reliable as directly estimated survey measures from the NATSIHS (which can, however, only be produced for large areas).

The ABS has used a number of methods to measure the quality of the estimates, one of which is the relative root mean squared error (RRMSE) of the modelled estimates. The RRMSEs are included with the data. Users are advised that:

- estimates with RRMSEs less than 25% are considered reliable for most purposes;
- estimates with RRMSEs from 0.25 and to 0.50 have been marked (~) to indicate that they should be used with caution; and
- those greater than 0.50 but less than 1 are marked (~~) to indicate that the estimate is considered too unreliable for general use.
- Modelled estimates can be used for observing national trends by using the complete set of modelled data for Indigenous Areas (IAREs) across Australia; for a state/territory to support program evaluation or resource allocation; or for looking at trends across a range of IAREs. For example, looking at a range of areas in remote Australia or along the Eastern seaboard with a high or low number or proportion of people with the selected characteristic. A modelled estimate for a single area on its own should be used with extreme caution. Models are limited by the input data. Often significant local information about particular small areas exists but has not been collected for all areas and cannot be incorporated into the models.

### Indigenous Areas and Indigenous Regions

Initially, the ABS produced a set of estimates from the 2018–19 NATSIHS for Indigenous Regions. PHIDU raised the possibility of having similar estimates for a selection of the variables at the (smaller) Indigenous Area level, for Indigenous Areas where the population was large enough and the particular variable had a sufficiently high proportion in the population. The ABS agreed, and it is the result of their further work that is presented here.

Where estimates could not be made for an Indigenous Area, as a result of its population size, the data for that Indigenous Area have been grouped with other, unpublished Indigenous Areas within the over-arching Indigenous Region, and a rate for the combined group calculated and published. Modelled estimates use both the survey responses from the NATSIHS, together with other information about the population of a geographic area gained from the Population Census and administrative data sources to build a predictive model that estimates a given characteristic for a small area. Details of the method used and accuracy of results are available from the ABS Explanatory Notes: Modelled estimates for small areas based on the 2018–19 National Aboriginal and Torres Strait Islander Health Survey

For the Indigenous Regions (IREG) of Tasmania (IREG601) and Australian Capital Territory (IREG801), direct estimates were published instead of modelled estimates. Estimates for the States/ Territories, Greater Capital City Statistical Areas (GCCSA) and Remoteness Areas are also direct estimates, extracted using the ABS TableBuilder.

## Terminology

'Aboriginal' and 'Indigenous Australians' refer to Aboriginal and Torres Strait Islander people.

### Age distribution, estimated resident population, 2021

#### Aboriginal male/ female/ total population by 5-year age groups: 0-4 years to 65+ years, estimated resident population, 2021

##### - by IARE, PHN, Remoteness Area

**Caveats:** Users should be aware of the potential inaccuracies in these estimates, given the limited data available on which to produce them. However, as many individuals and agencies, including PHIDU, require estimates at a smaller geographic level than published by the ABS, we provide the estimates and details of the approach we have taken in their calculation.

**Indicator detail:** The data presented are the age/ sex group total as a per cent of the total Aboriginal male/ female/ total population in each age/sex group.

We could not use the usual resident population (URP) in the calculation of rates of hospitalisation, mortality etc. and to show the distribution of the population because there is a substantial difference between the Census counts of Aboriginal and Torres Strait Islander Australians and the estimated resident population (ERP), adjusted for net undercount as measured by the Post Enumeration Survey undertaken by the Australian Bureau of Statistics (ABS): the ERP is 21.0% higher for Australia than the Census count. Given this difference, PHIDU has produced an estimated resident population at 2021.

As the ABS does not publish ERP by age and sex for the Aboriginal population for PHAs or IAREs, PHIDU staff have calculated these populations from the limited data available: these estimates are designated as erp (PHIDU), to distinguish them from the ABS ERP, and are used in the maps, graphs and data worksheets available on the PHIDU website.

**Method:** The ERP for June 2021 for the Aboriginal population is available from the ABS for Statistical Areas Level 2 (SA2, total population only): PHIDU produced a 2021 ERP for each IARE (total population only) from these SA2 populations. The ERP for 2021 for the Aboriginal population is available by Indigenous Region (IREG – the geographic level above the IARE), by 5-year age group and sex. To produce estimated resident populations by age group and sex for each IARE, PHIDU applied the proportional age distribution from the Census count (usual resident population) in each IREG to the ERP total for each of its component IAREs.

**Source:** Developed by PHIDU, using the method as noted above.

### Aboriginal estimated resident population (erp) as a proportion of total ERP, 2021

#### Aboriginal population as a proportion of total population, estimated resident population, 2021

##### - by IARE, PHN, Quintile, Remoteness Area

**Caveats:** Users should be aware of the potential inaccuracies in these estimates, given the limited data available on which to produce them. However, as many individuals and agencies, including PHIDU, require estimates at a smaller geographic level than published by the ABS, we provide the estimates and details of the approach we have taken in their calculation.

**Indicator detail:** The data presented are the number of Aboriginal people as a proportion of the total Australian population.

We could not use the usual resident population (URP) in the calculation of rates of hospitalisation, mortality etc. and to show the distribution of the population because there is a substantial difference between the Census counts of Aboriginal and Torres Strait Islander Australians and the estimated resident population (ERP), adjusted for net undercount as measured by the Post Enumeration Survey undertaken by the Australian Bureau of Statistics (ABS): the ERP is 21.0% higher for Australia than the Census count. Given this difference, PHIDU has produced an estimated resident population at 2021.

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**Method:** The ERP for June 2021 for the Aboriginal population is available from the ABS for Statistical Areas Level 2 (SA2, total population only): PHIDU produced a 2021 ERP for each IARE (total population only) from these SA2 populations. The ERP for 2021 for the Aboriginal population is available by Indigenous Region (IREG – the geographic level above the IARE), by 5-year age group, although not by sex. To produce estimated resident populations by age group and sex for each IARE, PHIDU applied the proportional age distribution from the Census count (usual resident population) in each IREG to the ERP total for each of its component IAREs.

**Source:** Developed by PHIDU, using the method as noted above.

## Aboriginal estimated resident population (erp) as a proportion of total ERP, by age, 2021

### Aboriginal population as a proportion of total population by 5-year groups: 0-4 years to 65+ years, estimated resident population, 2021

#### - by IARE, PHN, Quintile, Remoteness Area

**Caveats:** Users should be aware of the potential inaccuracies in these estimates, given the limited data available on which to produce them. However, as many individuals and agencies, including PHIDU, require estimates at a smaller geographic level than published by the ABS, we provide the estimates and details of the approach we have taken in their calculation.

**Indicator detail:** The data presented are the number of Aboriginal people in each 5-year age group as a proportion of the total Australian population.

We could not use the usual resident population (URP) in the calculation of rates of hospitalisation, mortality etc. and to show the distribution of the population because there is a substantial difference between the Census counts of Aboriginal and Torres Strait Islander Australians and the estimated resident population (ERP), adjusted for net undercount as measured by the Post Enumeration Survey undertaken by the Australian Bureau of Statistics (ABS): the ERP is 21.0% higher for Australia than the Census count. Given this difference, PHIDU has produced an estimated resident population at 2021.

As the ABS does not publish ERP by age and sex for the Aboriginal population for PHAs or IAREs, PHIDU staff have calculated these populations from the limited data available: these estimates are designated as erp (PHIDU), to distinguish them from the ABS ERP, and are used in the maps, graphs and data worksheets available on the PHIDU website.

**Method:** The ERP for June 2021 for the Aboriginal population is available from the ABS for Statistical Areas Level 2 (SA2, total population only): PHIDU produced a 2021 ERP for each IARE (total population only) from these SA2 populations. The ERP for 2021 for the Aboriginal population is available by Indigenous Region (IREG – the geographic level above the IARE), by 5-year age group, although not by sex. To produce estimated resident populations by age group and sex for each IARE, PHIDU applied the proportional age distribution from the Census count (usual resident population) in each IREG to the ERP total for each of its component IAREs.

**Source:** Developed by PHIDU, using the method as noted above.

## Education

### Aboriginal children aged four or five years enrolled in a preschool program and Aboriginal children attending a preschool, 2021

#### - by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** The data comprise children aged 4 and 5 years old (combined):

- enrolled in a preschool program; and
- attending a preschool program

as a proportion of the estimated resident population (erp (PHIDU)p) of children at those ages in 2020.

**Note:** The data for 2021 have been limited to 'Preschool' under the 'Sector' category that ABS provide in the Preschool TableBuilder dataset: data published by PHIDU in previous years included children in a 'Preschool program within centre-based day care' and 'Children across more than one provider type'. In the 2021 Preschool Census there were 8,400 in centre-based day care program and 2,259 children across more than one provider type.

The data presented are the number of Aboriginal children aged four or five years enrolled in a preschool program and the number attending a preschool program, as a proportion of the estimated resident population (erp (PHIDU)p) of Aboriginal children at those ages in 2020 (see note Population estimates, in box below).

Note that the choice of the population (the sum of four and five-year old children) as the denominator does not replicate the results published by the ABS for Aboriginal children. This occurs because the ABS have used a [calculation](#) (which we cannot replicate at the IARE level), to produce a denominator that reflects the different ages across the states and territories at which children are enrolled in preschool. In addition, had we published the data separately for children aged four and five years, a majority of IAREs would have had over 100% of the population aged four as enrolled in a preschool program; and for those aged five years, the data for a majority of IAREs would have been suppressed, due to small numbers. Despite combining the ages there is, however, a small number of areas with percentages in excess of 100%. In addition, in 2021 there were some 2,233 Aboriginal children aged three or six enrolled in a preschool program.

**Impact on the data of the COVID-19 pandemic:** Care should be taken when interpreting preschool enrolments data for 2021. Due to the COVID-19 pandemic, various restrictions were in place when the National Early Childhood Education and Care Collection (NECECC) was conducted. Due to the temporary closure of preschool program in New South Wales and Victoria, attendance data for these jurisdictions have not been published.

#### Population estimates

There is a substantial difference between the Census counts of Aboriginal and Torres Strait Islander Australians and the estimated resident population (ERP), adjusted for net undercount as measured by the Post Enumeration Survey undertaken by the ABS (the ERP for children aged 0 to 9 years is 22.8% higher than the Census count). Given this large difference, and as the ABS has not released Aboriginal ERP by age at the Indigenous Area level as used in the Social Health Atlases, PHIDU has calculated an estimated resident population for 30 June and 2020, and has used this population for the calculation of percentages: it is denoted erp (PHIDU)p. Note that this population is for 2020, and not 2021 (the year of the preschool data), as the ABS has released insufficient data available upon which to update the estimate to 2021. Further detail can be obtained by contacting PHIDU.

**Source:** Compiled by PHIDU based on the ABS Preschool Education, Australia, 2021 (data extracted from Survey TableBuilder) and estimated resident population, 2020 (erp (PHIDU)p).

#### **Aboriginal people who left school at Year 10 or below, or did not go to school, 2021**

##### **- by IARE, PHN, Quintile, Remoteness Area**

**Indicator detail:** The data are presented as an age-standardised rate, to adjust for the changing rates of educational opportunity and participation faced by subsequent generations of the population.

The data presented are the number of Aboriginal people who left school at Year 10 or below, or did not go to school as a proportion of all Aboriginal people aged 15 years and over.

Note that the numerator excludes the small proportion of the population aged 15 years and over whose highest year of school was not stated: however, these records are included in the denominator.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

#### **Participation of Aboriginal people at age 16 in full-time secondary school education, 2021**

##### **- by IARE, PHN, Quintile, Remoteness Area**

**Indicator detail:** As data covering all sectors (government, non-government, Catholic and independent) are not available at the small area level from State and Territory education authorities, the data used in this analysis are from the 2021 Australian Bureau of Statistics (ABS) Population and Housing Census. As such, they are not official estimates of participation at age 16 in full-time secondary education. However, they are useful in showing the extent of variations between areas, by socioeconomic status and by remoteness.

The data presented are the number of Aboriginal young people aged 16 years in full-time secondary school education, as a proportion of all Aboriginal people 16 years of age. Secondary school education comprises either Government, Catholic or other non-Government schools.

Note that:

- the extent to which those who have left school at this age to enter the labour force is not accounted for in these data - see *Learning or Earning at ages 15 to 24*;
- the numerator excludes the small proportion of the population aged 15 years and over whose highest year of school was not stated: however, these records are included in the denominator; and
- percentages may be more than 100% due to the ABS' randomisation of both the numerator and denominator for confidentiality purposes.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

#### **Participation of Aboriginal people in vocational education and training, 2021**

##### **- by IARE, PHN, Quintile, Remoteness Area**

**Indicator detail:** Vocational education and training (VET) data include all VET activity delivered in Australia to Australian residents by government providers (TAFE institutes, Universities and other government providers), community education providers, enterprise providers, private training providers and schools.

Note: NCVET uses an ABS coding index (click [here](#) for more information) to allocate data with partial address information to a single SA2 area. Coding indexes are tables that list a geographic area against its most appropriate match in the ASGS, data for addresses not in this index are included in the Australia total only approximately 9% of NCVET records are affected

**Source:** Compiled by PHIDU based on data from the [National Centre for Vocational Education Research DataBuilder](#), 2021; and the Aboriginal usual resident population, 2021.

#### **Subject completion rates in vocational education and training for Aboriginal students, 2021**

##### **- by IARE, PHN, Quintile, Remoteness Area**

**Indicator detail:** Vocational education and training (VET) data includes all VET activity delivered in Australia to Australian residents by government providers (TAFE institutes, Universities and other government providers), community education providers, enterprise providers, private training providers and schools.

Note: NCVET uses an ABS coding index (click [here](#) for more information) to allocate data with partial address information to a single SA2 area. Coding indexes are tables that list a geographic area against its most appropriate match in the ASGS, data for addresses not in this index are included in the Australia total only approximately 9% of NCVET records are affected.



## Definitions

Subject completion rates are referred to by NCVET as 'load pass rates'. The load pass rate (LPR) is the ratio of hours, or full-year training equivalents (FYTEs), attributed to students who gain competencies/passed assessment in an assessable module or unit of competency to all students who were assessed and either passed, failed or withdrew. The calculation is based on the annual hours (or FYTEs) for each assessable module or unit of competency and includes competencies achieved/units passed through recognition of prior learning (RPL).

The calculation for LPR is as follows:

Competency achieved passed + RPL granted, as a proportion of

Competency achieved passed + Competency not achieved failed + Withdrawn discontinued + RPL granted.

**Source:** Compiled by PHIDU based on data from the [National Centre for Vocational Education Research DataBuilder](#), 2021.

## School leavers enrolled in higher education, Aboriginal students, 2021

### - by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** The data comprise school leavers who are identified as enrolled at an Australian university at 31 March 2021. 'School leavers' are students who attained an Australian Year 12 qualification in 2020 in any State/Territory through the completion of one or more Year 12 courses; may include (unless noted otherwise below) adult students, part-time students and students doing one or more subjects to improve their overall score (repeating students).

The estimated resident population used here is the population aged of 17 years in 2020, as this is the age of the majority of Year 12 students at 30 June 2020. There is a substantial difference between the Census counts of Aboriginal and Torres Strait Islander Australians and the estimated resident population (ERP), adjusted for net undercount as measured by the Post Enumeration Survey undertaken by the ABS. Given this large difference, and as the ABS has not released Aboriginal ERP by age at the Indigenous Area level as used in the Social Health Atlases, PHIDU has calculated an estimated resident population for 30 June 2020, and has used this population for the calculation of percentages (erp (PHIDU)p). Note that this population is for 2020, and not 2021 (the year of the data), as there are insufficient data available upon which to update the erp (PHIDU)p to 2021. Further detail can be obtained by contacting PHIDU.

As age data at the small geographical area level are not available by single years, the number at age 17 was estimated from the number in the five-year age group 15 to 19 years.

Data have been provided by individual State and Territory tertiary admission centres. As these data were collected from each State and Territory, they may exclude people who live in one State/Territory and were enrolled in another.

**Direct enrolments to universities were not included in the data collected. Currently these represent a small proportion of total enrolments, other than in the ACT. An indication of these numbers can be found at [University applications and offers](#); please limit table to 'Current Year 12'.**

*Additional notes:*

The data show areas as having proportions in excess of 100%: these are clearly not accurate. The reason for this is not clear, although it may be the result of the address of the school leaver data being a postcode which is not allocated to the correct Indigenous Area by the correspondence files available; it may also reflect inaccuracies in the denominator (the population aged 17), as the population is an estimate, based on a proportion of those at age 17 years in the five-year age group 15 to 19 years from the 2021 Population Census.

### **Variations in data between States:**

Definitions vary across the States; however, the impact of any differences is considered to be small.

- South Australian data represent the number of school leavers that have received and accepted an offer to a university in South Australia and the Northern Territory; however, this is not necessarily indicative of the enrolment status as they may not have enrolled at the institution by 31 March 2021.

For more information, please consult the relevant admissions centre as listed in the **Source** below.

**Source:** Compiled by PHIDU based on data from the:

- 1) Universities Admissions Centre (NSW & ACT), Victorian Tertiary Admissions Centre (Vic.), South Australian Tertiary Admission Centre (SA & NT), Tertiary Institutions Service Centre (WA), The University of Notre Dame Australia (WA & NSW), and the University of Tasmania (Tas.); and
- 2) the estimated resident population, 30 June 2020 (erp (PHIDU)p).

## Early childhood development: Australian Early Development Census indicators, 2021

**Errata:** Incorrect data were published in March 2023. The “developmentally vulnerable” figures were published as “developmentally on track” and the “developmentally on track” figures were published as “developmentally vulnerable” for the following domains:

- Physical health and wellbeing
- Emotional maturity; and
- Communication skills and general knowledge.

These indicators have been re-released in June 2023 with the correct data.

**Aboriginal children assessed as developmentally vulnerable on one or more domains, 2021**

- by IARE, PHN, Remoteness Area

**Aboriginal children assessed as developmentally vulnerable on two or more domains, 2021**

- by IARE, PHN, Remoteness Area

**Aboriginal children assessed as developmentally on track on all five domains, 2021**

- by IARE, PHN, Remoteness Area

**Aboriginal children assessed as developmentally vulnerable/ at risk/ on track in the physical health and wellbeing domain, 2021 (see Errata above)**

- by IARE, PHN, Remoteness Area

**Aboriginal children assessed as developmentally vulnerable/ at risk/ on track in the social competence domain, 2021**

- by IARE, PHN, Remoteness Area

**Aboriginal children assessed as developmentally vulnerable/ at risk/ on track in the emotional maturity domain, 2021 (see Errata above)**

- by IARE, PHN, Remoteness Area

**Aboriginal children assessed as developmentally vulnerable/ at risk/ on track in the language and cognitive (school-based) domain, 2021**

- by IARE, PHN, Remoteness Area

**Aboriginal children assessed as developmentally vulnerable/ at risk/ on track in the communication skills and general knowledge domain, 2021 (see Errata above)**

- by IARE, PHN, Remoteness Area

**Aboriginal children assessed as developmentally vulnerable – Physical readiness for school day, 2021**

- by IARE, PHN, Remoteness Area

**Aboriginal children assessed as developmentally vulnerable – Physical independence, 2021**

- by IARE, PHN, Remoteness Area

**Aboriginal children assessed as developmentally vulnerable – Gross and fine motor skills, 2021**

- by IARE, PHN, Remoteness Area

**Indicator detail:** The AEDC results report on the number of children scoring in the following percentile ranges: 0 to 10th percentile (developmentally vulnerable), 11th to 25th percentile (developmentally at risk) and above the 25th percentile (developmentally on track).

The PHIDU data are presented for children who were:

- Developmentally vulnerable (0 to 10th percentile) on one or more domains
- Developmentally vulnerable (0 to 10th percentile) on two or more domains

and who were assessed as being developmentally vulnerable (0 to 10th percentile), at risk (11th to 25th percentile), and on track (above the 25th percentile) in the following domains:

- Physical health and wellbeing domain
- Social competence domain
- Emotional maturity domain
- Language and cognitive skills (school-based) domain
- Communication skills and general knowledge domain

A number of new summary indicators were available from the 2021 AEDC Census. These were:

- On track on all five domains;
- Physical readiness for school day - developmentally vulnerable;
- Physical independence - developmentally vulnerable; and
- Gross and fine motor skills - developmentally vulnerable.

The following suppression rules have been applied to the data to preserve confidentiality:

AEDC data are not reported for locations in which three or fewer children had been assessed;

Suppression of AEDC data also occurs when one or more of the following have not been met:

- less than fifteen children had valid AEDC scores;
- less than two teachers had completed the AEDC instrument for children in that location;
- the AEDC instrument was completed for less than 80% of all non special needs children; or
- the number of vulnerable or at risk children represented at least 90% of valid AEDC scores.

Additional minor suppressions have occurred where necessary to preserve confidentiality of related suppressed cells (consequential suppression).

Note: The data supplied for Boulia - Diamantina - Winton and Carpentaria - Burke - Mornington were grouped communities, as were the raw data for Canberra - South and Stromlo - Namadgi. The data presented here are of these grouped communities.

**Source:** Compiled by PHIDU based on data from the 2021 Australian Early Development Censuses, provided by the Social Research Centre, under contract from the Australian Government Department of Education.

## Learning or Earning, 2021

### Aboriginal people 15 to 24 years engaged in school, work or further education/training, 2021

#### - by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** The data presented are of Aboriginal people aged 15 to 24 years engaged in school, work or further education/training, as a proportion of all Aboriginal people aged 15 to 24 years

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021

## Families, 2021

### Aboriginal single parent families with children aged less than 15 years, 2021

#### - by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** The data presented are one parent families with children under 15 years where at least one family member at home on Census night was an Aboriginal or Torres Strait Islander person (may include families with dependent students and non-dependents), as a proportion of all Aboriginal families with children under 15 years.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021

### Aboriginal jobless families with children aged less than 15 years, 2021

#### - by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** The data presented are families with at least one Aboriginal person counted at home on Census night and either couple families with children under 15 years in which two people whose relationship in the household was "husband, wife or partners (including same-sex partners)" reported their labour force status as "unemployed" or "not in the labour force"; or in which the lone parent in the family reported their labour force status as "unemployed" or "not in the labour force".

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

### Children aged less than 15 years in Aboriginal jobless families, 2021

#### - by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** The data presented are children aged less than 15 years in families with at least one Aboriginal person counted at home on Census night and either couple families with children under 15 years in which two people whose relationship in the household was "husband, wife or partners (including same-sex partners)" reported their labour force status as "unemployed" or "not in the labour force"; or in which the lone parent in the family reported their labour force status as "unemployed" or "not in the labour force".

**Source:** Compiled by PHIDU based on the ABS Census 2021 data.

### Children aged less than 15 years in Aboriginal families where the mother has low educational attainment, 2021

#### - by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** The data presented are of children aged less than 15 years living in families where the mother was an Aboriginal or Torres Strait Islander person and whose highest level of schooling was year 10 or below, or where the mother did not attend school, expressed as a proportion of all children aged less than 15 years.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021 (unpublished data).

## Housing

### *Aboriginal people living in crowded dwellings, 2021*

#### *- by IARE, PHN, Quintile, Remoteness Area*

**Indicator detail:** Aboriginal people living in dwellings assessed as crowded according to the Canadian National Occupancy Standard. The measure assesses the bedroom requirements of a household, accounting for both household size and composition, specifying that:

- there should be no more than two people per bedroom
- children less than five years of age of different sexes may reasonably share a bedroom
- children less than 18 years of age and of the same sex may reasonably share a bedroom
- single household members 18 years and over should have a separate bedroom, as should parents or couples and
- a lone person household may reasonably occupy a bed-sitter.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021

### *Aboriginal people living in severely crowded dwellings, 2021*

#### *- by IARE, PHN, Quintile, Remoteness Area*

**Indicator detail:** Aboriginal people living in dwellings assessed as needing four or more additional bedrooms to accommodate all people currently living in the household, according to the Canadian National Occupancy Standard (see People living in crowded dwellings above).

Severely crowded households are one of the six Homeless Operational Groups developed by the ABS to estimate homelessness. This is because people living in severe overcrowding are considered to lack of control of and access to space for social relations (one of the key elements of the ABS definition of homelessness) and are considered not to have accommodation alternatives when remaining in such extreme living arrangements (ABS, 2012).

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

### *Housing suitability – Private dwellings with Aboriginal households requiring one or more bedrooms, 2021*

#### *- by IARE, PHN, Quintile, Remoteness Area*

**Indicator detail:** The criteria used to derive this variable are based on the Canadian National Occupancy Standard for housing appropriateness and are sensitive to both household size and composition. The measure assesses the bedroom requirements of a household by specifying that:

- there should be no more than two people per bedroom
- children less than five years of age of different sexes may reasonably share a bedroom
- children less than 18 years of age and of the same sex may reasonably share a bedroom
- single household members 18 years and over should have a separate bedroom, as should parents or couples and
- a lone person household may reasonably occupy a bed-sitter.

A private dwelling can be a house, flat or even a room; it can also be a caravan, houseboat, tent, or a house attached to an office, or rooms above a shop.

An Aboriginal household is any household where at least one usual resident was an Aboriginal or Torres Strait Islander person.

The data presented are of dwellings rented by Aboriginal households requiring extra bedrooms, as a proportion of all private dwellings with Aboriginal households.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021

### *Aboriginal households receiving rent assistance from the Australian Government, June 2022*

#### *- by IARE, PHN, Quintile, Remoteness Area*

**Indicator detail:** The rent assistance data are based on income unit receiving Commonwealth Rent Assistance with Indigenous identifier. An income unit comprises a single person (with or without dependent children) or a couple (with or without dependent children). Single social security recipients living together in the same household are regarded as separate income units. An income unit is classified as Indigenous if at least one partner in the unit has indicated to Centrelink that he/she identifies as an Aboriginal or Torres Strait Islander. It is optional for individuals to identify as Indigenous. These data may therefore represent an undercount: to the extent that this occurs, the proportion, which is based on the number of private dwellings, will be understated. However, dwellings are the most appropriate denominator available for this dataset. In addition, some recipients live in non-private dwellings, which are not included in the denominator: to the extent that this occurs, the proportion will be overstated. The denominator – occupied private dwellings with Aboriginal households - is based on 2021 Census data, as private dwellings data are not available for later time periods.

**Source:** Compiled by PHIDU based on data from the Department of Social Services, June 2022; and the ABS Census: Dwellings, 2021.

## Aboriginal households renting privately-owned dwellings, 2021

### - by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** This indicator is comprised of private dwellings rented from a real estate agent, person not in the same household, other landlord type and landlord type not stated. The data include households in private dwellings only. A private dwelling can be a house, flat or even a room; it can also be a caravan, houseboat, tent, or a house attached to an office, or rooms above a shop.

The data presented are of privately-owned private dwellings that are rented by Aboriginal households (counting dwellings), as a proportion of total occupied private dwellings with Aboriginal households.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

## Aboriginal households renting from a government housing authority, 2021

### - by IARE, PHN, Quintiles, Remoteness Areas

**Indicator detail:** An Aboriginal household is any household where at least one usual resident at home on Census night was an Aboriginal or Torres Strait Islander person.

The data include households in private dwellings only. A private dwelling can be a house, flat or even a room; it can also be a caravan, houseboat, tent, or a house attached to an office, or rooms above a shop.

The data presented are of private dwellings rented by Aboriginal households from a government housing authority as a proportion of all private dwellings with Aboriginal households.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021

## Aboriginal households renting from a community housing group, 2021

### - by IARE, PHN, Quintiles, Remoteness Areas

**Indicator detail:** An Aboriginal household is any household where at least one usual resident at home on Census night was an Aboriginal or Torres Strait Islander person.

The data include households in private dwellings only. A private dwelling can be a house, flat or even a room; it can also be a caravan, houseboat, tent, or a house attached to an office, or rooms above a shop.

The data presented are of private dwellings rented by Aboriginal households from a community housing provider (a housing co-operative, community or church group) as a proportion of all private dwellings with Aboriginal households.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021

## Total Aboriginal households renting social housing, 2021

### - by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** An Aboriginal household is any household where at least one usual resident at home on Census night was an Aboriginal or Torres Strait Islander person.

The data include households in private dwellings only. A private dwelling can be a house, flat or even a room; it can also be a caravan, houseboat, tent, or a house attached to an office, or rooms above a shop.

The data presented are of private dwellings rented by Aboriginal households from a:

- government housing authority; and
  - community housing provider (a housing co-operative, community or church group)
- as a proportion of all private dwellings with Aboriginal households.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021

## Aboriginal people living in rented social housing dwellings, 2021

### - by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** This indicator comprises housing rented by Aboriginal people from a social housing provider (a government housing authority or a community housing provider (a housing co-operative, community or a church group)) and privately-owned dwellings.

The data include households in private dwellings only. A private dwelling can be a house, flat or even a room: it can also be a caravan, houseboat, tent or a house attached to an office, or rooms above a shop.

The data presented are of Aboriginal people renting:

- social housing dwellings; and
- privately-owned dwellings

as a proportion of total Aboriginal people living in private dwellings.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

## Low income Aboriginal households with mortgage stress, 2021

### - by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness

**Indicator detail:** The data comprise Aboriginal households in the bottom 40% of income distribution (those with less than 80% of median equivalised income), spending more than 30% of income on mortgage repayments, as a proportion of mortgaged private dwellings.

Income is equivalised; equivalised household income per week can be viewed as an indicator of the economic resources available to a standardised household. For a lone person household, it is equal to household income. For a household comprising more than one person, it is an indicator of the household income that would be needed by a lone person household to enjoy the same level of economic wellbeing.

**Note: The income levels used here have been calculated from the 2021 Census for all Australians, and not specifically for the Indigenous population.**

Income varies by State/ Territory: NSW, \$902; Vic, \$901; Qld, \$877; SA, \$755; WA, \$910; Tas, \$736; NT, \$1,101; ACT, \$1,347.

The data exclude the population in the 6.8% of private dwellings for which mortgage stress data was not recorded (the proportion excluded was calculated based on the Australian data).

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021 (unpublished) data.

#### **Low income Aboriginal households with rental stress, 2021 - by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness**

**Indicator detail:** The data comprise Aboriginal households in the bottom 40% of the income distribution (those with less than 80% of median equivalised income), spending more than 30% of their income on rent, as a proportion of rented private dwellings.

Income is equivalised; equivalised household income per week can be viewed as an indicator of the economic resources available to a standardised household. For a lone person household, it is equal to household income. For a household comprising more than one person, it is an indicator of the household income that would be needed by a lone person household to enjoy the same level of economic wellbeing.

**Note: The income levels used here are those calculated from the 2021 Census for all Australians, and not specifically for the Indigenous population.**

Income varies by State/ Territory: NSW, \$902; Vic, \$901; Qld, \$877; SA, \$755; WA, \$910; Tas, \$736; NT, \$1,101; ACT, \$1,347.

The data exclude the 6.4% of households in rented private dwellings for which rental stress data was not calculated, due to complete income details not being available (the proportion excluded was calculated based on the Australian data).

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021 (unpublished) data.

#### **Low income Aboriginal households under financial stress from mortgage or rent, 2021 - by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness**

**Indicator detail:** The data comprise Aboriginal households in the bottom 40% of the income distribution (those with less than 80% of median equivalised income), spending more than 30% of their income on rent mortgage repayments or rent, as a proportion of low-income households (those with less than 80% of median equivalised income). Refer to the notes on the above two indicators for the specific income levels and other information.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021 (unpublished) data

#### **Low income Aboriginal households, 2021 - by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness**

**Indicator detail:** The data comprise low income Aboriginal households (as defined above) as a proportion of all Aboriginal households.

Refer to the notes above for the specific income levels and other information.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021 (unpublished) data

#### **Private dwellings with no motor vehicle, 2021 - by PHA, LGA, PHN, Quintiles, Quintiles within PHNs, Remoteness**

**Indicator detail:** The data exclude the population in the 3.0% of dwellings for which the number of motor vehicles was not stated (the proportion excluded was calculated based on the Australian data).

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

## Internet access at home, 2016

This indicator was not included in the 2021 Census, but has been retained as it shows the wide disparities in access to the Internet

Private dwellings with Aboriginal households, and Internet not accessed at dwelling, 2016

- by IARE, PHN, Quintile, Remoteness Area

Private dwellings with Aboriginal households, and Internet accessed at dwelling, 2016

- by IARE, PHN, Quintile, Remoteness Area

Private dwellings with Aboriginal households with children, and Internet not accessed at dwelling, 2016

- by IARE, PHN, Quintile, Remoteness Area

Private dwellings with Aboriginal households with children, and Internet accessed at dwelling, 2016

- by IARE, PHN, Quintile, Remoteness Area

Aboriginal children\*, aged less than 15 years, and Internet was not accessed at dwelling, 2016

- by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** The data record whether any member of the household accesses the Internet from the dwelling. This includes accessing the internet through a desktop/laptop computer, mobile or smart phone, tablet, music or video player, gaming console, smart TV or any other device. It also includes accessing through any type of connection for example ADSL, fibre, cable, wireless, satellite and mobile broadband (3G/4G).

A private dwelling can be a house, flat or even a room; it can also be a caravan, houseboat, tent, or a house attached to an office, or rooms above a shop.

An Aboriginal household is any household where at least one usual resident was an Aboriginal or Torres Strait Islander person.

\*Does not include children aged less than 15 years who were not at their usual place of residence on Census night 2016.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2016

## Labour force, 2021

Aboriginal unemployment, 2021

- by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** This indicator is based on self-reported information in the ABS Population Census.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

Aboriginal labour force participation, 2021

- by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** This indicator is based on self-reported information in the ABS Population Census.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

Aboriginal female labour force participation, 2021

- by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** This indicator is based on self-reported information in the ABS Population Census.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

## Summary measure of Indigenous outcomes, 2021

Indigenous Relative Socioeconomic Outcomes Index, 2021

- by IARE, PHN, Remoteness Areas

**Indicator detail:** The Indigenous Relative Socioeconomic Outcomes index (IRSEO) is an Indigenous-specific index derived by the Centre for Aboriginal Economic Policy Research (CAEPR) from the 2021 Census of Population and Housing.

The IRSEO is composed of nine socioeconomic outcomes of the usual resident population. These are:

- Population 15 years and over employed;
- Population 15 years and over employed as a manager or professional;
- Population 15 years and over employed full-time in the private sector;
- Population 15 years and over who have completed Year 12;
- Population 15 years and over who have completed a qualification;
- Population 15 to 24 years old attending an educational institution;
- Population 15 years and over with an individual income above half the Australian median;
- Population who live in a house that is owned or being purchased; and
- Population who live in a house with at least one bedroom per usual resident.

The IRSEO reflects relative advantage or disadvantage at the Indigenous Area level. The Index ranges from 1 to 100, where a score of 1 represents the most advantaged area and a score of 100 represents the most disadvantaged area.

For further information, refer to the [Socioeconomic outcomes paper](#), produced by the Centre for Aboriginal Economic Policy Research (CAEPR), following the first release of this measure.

**Source:** Compiled by PHIDU based on the CAEPR Indigenous Relative Socioeconomic Outcomes Index, 2021 data.

Note: Greater Capital City Statistical Areas, major urban centres, State/ Territory and Australian totals were constructed using population-weighted averages.

## Health status, disease prevention, disability and deaths

### Mothers and babies, 2017 to 2019

**Data quality:** As is the case in most statistical collections in Australia, Indigenous status is under-reported in the National Perinatal Data Collection, from which these data are compiled. However, the level of completeness of coverage (the extent to which the identification of Indigenous Australians occurs) in these collections is generally higher than in other data collections, such as those reporting deaths or hospital admissions. It should also be noted that coverage is likely to vary between geographical areas. Data for many remote areas, particularly in Western Australia and Northern Territory, should be treated with caution as the quality of the population correspondence provided by the Australian Bureau of Statistics is rated as 'Poor'.

**Note: Later data for these indicators are expected to be available to PHIDU in mid-2023 and will be updated when available**

#### Low birthweight babies, 2017 to 2019

- by IARE, Quintile, Remoteness Area

**Indicator detail:** The data comprise all Aboriginal and Torres Strait Islander babies (live born) weighing less than 2500 grams at birth, expressed as a proportion of all Aboriginal and Torres Strait Islander live births (data over 3 years).

Data are not shown for areas where there were fewer than 20 births.

Data published previous to 2015 to 2017 were collected from each State and Territory health agency and are likely to have excluded people who live in one State/Territory and used a service in another. This data release uses data, provided to the Australian Institute of Health and Welfare by each State and Territory, in which residents of another jurisdiction were generally coded to their correct usual address. This change will affect the time series published for quintiles and Remoteness Areas.

**Source:** Compiled by PHIDU based on data from the Australian Institute of Health and Welfare, on behalf of the States and Territories.

#### Smoking during pregnancy, 2017 to 2019

- by IARE, Quintile, Remoteness Area

**Indicator detail:** The data comprise Aboriginal and Torres Strait Islander women who reported that they smoked during a pregnancy, expressed as a proportion of the number of pregnancies of Aboriginal and Torres Strait Islander women. Note that as the data are aggregated over three years, they may include women who gave birth more than once during the time period.

Data published previous to 2015 to 2017 were collected from each State and Territory health agency and are likely to have excluded people who live in one State/Territory and used a service in another. This data release uses data, provided to the Australian Institute of Health and Welfare by each State and Territory, in which residents of another jurisdiction were generally coded to their correct usual address. This change will affect the time series published for quintiles and Remoteness Areas.

**Source:** Compiled by PHIDU based on data from the Australian Institute of Health and Welfare, on behalf of the States and Territories.



## Antenatal visits, 2017 to 2019

### - by IARE, Quintile, Remoteness Area

**Indicator detail:** The data comprise Aboriginal and Torres Strait Islander women who gave birth and did not have an antenatal visit in the first 10 weeks of pregnancy, expressed as a proportion of the total number of Aboriginal and Torres Strait Islander women who gave birth. Note that as the data are aggregated over three years, they may include women who gave birth more than once during the time period.

**Source:** Compiled by PHIDU based on data from the Australian Institute of Health and Welfare, on behalf of the States and Territories.

## Immunisation, 2021 calendar year

### Aboriginal children fully immunised at 1 year of age, 2 years of age and 5 years of age, 2021

#### - by IARE, PHN, Quintile, Remoteness Area

The data presented are of registered\* Aboriginal children fully immunised at 1 year of age, 2 years of age and 5 years of age.

For the purposes of reporting the data, fully immunised means a child receives the vaccinations due at or immediately prior to the age at which the measurement occurs. It is assumed that all previous vaccinations were received.

The definitions of fully immunised are:

- **Children aged 1 year:** Fully immunised at 1 year means that a child aged 12 months to less than 15 months received three doses of a diphtheria, tetanus and whooping cough-containing vaccine, three doses of polio vaccine, two or three doses of Haemophilus influenzae type b vaccine (dependent of the type of vaccine used), three doses of hepatitis B vaccine, and three doses pneumococcal vaccine, all prior to the age of 1 year.
- **Children aged 2 years:** Fully immunised at 2 years means that a child aged 24 to less than 27 months received three doses of a diphtheria, tetanus and whooping cough-containing vaccine, three doses of polio vaccine, three or four doses of Haemophilus influenzae type b vaccine (dependent of the type of vaccine used), three doses of hepatitis B vaccine, one dose of a measles, mumps and rubella-containing vaccine, one dose of meningococcal C vaccine, and one dose of varicella (chicken pox) vaccine, all prior to the age of 2 years.
- **Children aged 5 years:** Fully immunised at 5 years means that a child aged 60 to less than 63 months received four doses of a diphtheria, tetanus and whooping cough-containing vaccine, four doses of polio vaccine, and two doses of a measles, mumps and rubella-containing vaccine, all prior to the age of 5 years.

For further information, refer to [coverage information](#) produced by the National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases (NCIRS).

Data are not shown for areas where there were fewer than 10 registered Aboriginal children or fewer than 10 Aboriginal children immunised.

\*Registered on the Australian Childhood Immunisation Register (ACIR). The ACIR is a national register that records vaccinations given to children under seven years old. It also provides immunisation history statements to parents or guardians.

**Source:** Compiled by PHIDU based on data provided by the Australian Childhood Immunisation Register, 2021 calendar year.

## Long-term health conditions, 2021

The rationale for including the long-term health conditions topic in the 2021 Census was to:

- allow for cross-classification with other Census topics
- enable output for sub-populations (e.g. culturally and linguistically diverse (CALD) or Aboriginal and Torres Strait Islander populations)
- enable data outputs at finer geographies than what can be achieved through existing health collections.

Apart from this new question in the Census, the ABS have multiple instruments to collect information about health conditions. These are in the form of the National Health Survey, National Aboriginal and Torres Strait Islander Health Survey and the Patient Experience Survey. Each instrument can be used to estimate rate of long-term health conditions across the Australian population. To understand the methodological differences in the creation of these estimates, the ABS have created a web document "Comparing ABS long-term health conditions data sources: Exploring the purpose, collection and concept of health data". Available at: <https://www.abs.gov.au/statistics/detailed-methodology-information/information-papers/comparing-abs-long-term-health-conditions-data-sources>

The document compares the purposes, the collection methods, and advantages and disadvantages of each of the instruments in defining estimates and provides a comparison of the derived Australian estimates for each long-term health conditions from their various collections. They highlight that the key point of difference is that the 2021 Census asks only a single long-term health conditions question while their targeted health surveys provide more detailed data about the health status of the populations under investigation. The ABS states that the "long-term health conditions data from the Census is not intended to provide prevalence estimates" and recommends that their health survey instruments should be used for national and state/territory level long-term health condition prevalence rates.

The benefit of asking the long-term health conditions question in the Australian Census context, as quoted by the ABS, is “that it allows for the analysis of long-term health conditions data at more detailed geographic and sub-population levels than ABS health surveys can support, and across a range of socio-economic and demographic dimensions.” Given PHIDU’s remit to publish small area statistics for monitoring inequality in health and wellbeing and for supporting opportunities to improve population health outcomes, PHIDU have published the reported responses as standardised rates per 100 population at the small area level. However, given the comments above, the rates of long-term health conditions at the national and state level should be used with caution, and the other caveats in the linked ABS document should also be borne in mind.

## Definition of a long-term health condition, 2021

Long-term health conditions are diagnosed by a doctor or nurse, last six months or longer and include health conditions that:

- May recur from time to time, or
- Are controlled by medication, or
- Are in remission.

This variable records the type of selected long-term health condition(s) a person has reported. Respondents can record multiple long-term health conditions including:

- arthritis
- asthma
- cancer (including remission)
- dementia (including Alzheimer’s)
- diabetes (excluding gestational diabetes)
- heart disease (including heart attack or angina)
- kidney disease
- lung condition (including COPD) or emphysema
- mental health condition (including depression or anxiety)
- stroke
- any other long-term health condition(s).

As respondents can select multiple conditions, the count of components for this variable will not equal the total number of people.

Multiple variables are created from multiple responses from one or more long-term health conditions questions. Therefore, some variables do not have a non-response rate calculated. The non-response rate was derived for the “Count of long-term health conditions (CLTHP)” which was 8.1% in 2021.

## Selected long-term health conditions, by condition; all ages, 2021

### Aboriginal people who reported they had arthritis, 2021

#### - by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** This variable describes whether a person has been told by a doctor or nurse that they have arthritis. This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked ‘Arthritis’ on the Census form.

The question does not distinguish between osteoarthritis and rheumatoid arthritis therefore this variable will include respondents reporting both forms of arthritis.

The data are comprised of people who reported that they have had arthritis, expressed as an indirectly standardised rate per 100 people (URP, 2021), based on the Australian standard.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

### Aboriginal people who reported they had asthma, 2021

#### - by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** This variable describes whether a person has been told by a doctor or nurse that they have asthma. This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked ‘Asthma’ on the Census form.

The data are comprised of people who reported they have had asthma, expressed as an indirectly standardised rate per 100 people (URP, 2021), based on the Australian standard.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

### Aboriginal people who reported they had cancer (including remission), 2021

#### - by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** This variable describes whether a person has been told by a doctor or nurse that they have cancer.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'cancer (including remission)' on the Census form.

The data are comprised of people who reported they have had cancer, expressed as an indirectly standardised rate per 100 people (URP, 2021), based on the Australian standard.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

### **Aboriginal people reported they had dementia (including Alzheimer's), 2021**

#### **- by IARE, PHN, Quintile, Remoteness Area**

**Indicator detail:** This variable describes whether a person has been told by a doctor or nurse that they have dementia (including Alzheimer's).

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'dementia (including Alzheimer's)' on the Census form.

The data are comprised of people who reported they have had dementia (including Alzheimer's), expressed as an indirectly standardised rate per 100 people (URP, 2021), based on the Australian standard.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

### **Aboriginal people who reported they had diabetes (excluding gestational diabetes), 2021**

#### **- by IARE, PHN, Quintile, Remoteness Area**

**Indicator detail:** This variable describes whether a person has been told by a doctor or nurse that they have diabetes (excluding gestational diabetes).

The Census Health question does not distinguish between type 1 and type 2 diabetes. Therefore, this variable will include respondents reporting both forms of diabetes.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Diabetes (excluding gestational diabetes)' on the Census form.

The data are comprised of people who reported they have had diabetes (excluding gestational diabetes), expressed as an indirectly standardised rate per 100 people (URP, 2021), based on the Australian standard.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

### **Aboriginal people who reported they had heart disease (including heart attack or angina), 2021**

#### **- by IARE, PHN, Quintile, Remoteness Area**

**Indicator detail:** This variable describes whether a person has been told by a doctor or nurse that they have heart disease (including heart attack or angina).

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Heart disease (including heart attack or angina)' on the Census form.

The data are comprised of people who reported they have had heart disease (including heart attack or angina), expressed as an indirectly standardised rate per 100 people (URP, 2021), based on the Australian standard.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

### **Aboriginal people who reported they had kidney disease, 2021**

#### **- by IARE, PHN, Quintile, Remoteness Area**

**Indicator detail:** This variable describes whether a person has been told by a doctor or nurse that they have kidney disease.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Kidney disease' on the Census form.

The data are comprised of people who reported they have had kidney disease, expressed as an indirectly standardised rate per 100 people (URP, 2021), based on the Australian standard.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

### **Aboriginal people who reported they had a lung condition (including COPD and emphysema), 2021**

#### **- by IARE, PHN, Quintile, Remoteness Area**

**Indicator detail:** This variable describes whether a person has been told by a doctor or nurse that they have lung condition (including Chronic Obstructive Pulmonary Disorder (COPD) and emphysema).

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Lung condition (including COPD and emphysema)' on the Census form.

The data are comprised of people who reported they have had a lung condition (including COPD and emphysema), expressed as an indirectly standardised rate per 100 people (URP, 2021), based on the Australian standard.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

### **Aboriginal people who reported they had a mental health condition (including depression and anxiety), 2021**

#### **- by IARE, PHN, Quintile, Remoteness Area**

**Indicator detail:** This variable describes whether a person has been told by a doctor or nurse that they had a mental health condition (including depression and anxiety).

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Mental health condition (including depression and anxiety)' on the Census form.

The data are comprised of people who reported they have had a mental health condition (including depression and anxiety), expressed as an indirectly standardised rate per 100 people (URP, 2021), based on the Australian standard.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

### Aboriginal people who reported they had a stroke, 2021

#### - by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** This variable describes whether a person has been told by a doctor or nurse that they had a stroke. This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Stroke' on the Census form.

The data are comprised of people who reported they have had stroke, expressed as an indirectly standardised rate per 100 people (URP, 2021), based on the Australian standard.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

### Aboriginal people who reported they had any other long-term health conditions, 2021

#### - by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** This variable describes whether a person has been told by a doctor or nurse that they have a long-term health condition that is not:

- arthritis
- asthma
- cancer (including remission)
- dementia (including Alzheimer's)
- diabetes (excluding gestational diabetes)
- heart disease (including heart attack or angina)
- kidney disease
- lung condition (including COPD) or emphysema)
- mental health condition (including depression or anxiety)
- stroke.

This variable does not indicate whether a person has multiple long-term health conditions.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Any other long-term health condition(s)'.

The data are comprised of people who reported that they have had any other long-term health conditions, expressed as an indirectly standardised rate per 100 people (URP, 2021), based on the Australian standard.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

## Selected long-term health conditions, by condition; adults (15 years and over), 2021

### Aboriginal people aged 15 years and over who reported they had arthritis, 2021

#### - by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** This variable describes whether a person aged 15 years and over has been told by a doctor or nurse that they have arthritis.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Arthritis' on the Census form.

The question does not distinguish between osteoarthritis and rheumatoid arthritis therefore this variable will include respondents reporting both forms of arthritis.

The data are comprised of people aged 15 years and over who reported they have had arthritis, expressed as an indirectly standardised rate per 100 people aged 15 years and over (URP, 2021), based on the Australian standard.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

### Aboriginal people aged 15 years and over who reported they had asthma, 2021

#### - by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** This variable describes whether a person aged 15 years and over has been told by a doctor or nurse that they have asthma.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Asthma' on the Census form.

The data are comprised of people aged 15 years and over who reported they have had asthma, expressed as an indirectly standardised rate per 100 people aged 15 years and over (URP, 2021), based on the Australian standard.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

### Aboriginal people aged 15 years and over who reported they had cancer (including remission), 2021

#### - by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** This variable describes whether a person aged 15 years and over has been told by a doctor or nurse that they have cancer.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'cancer (including remission)' on the Census form.

The data are comprised of people aged 15 years and over who reported they have had cancer, expressed as an indirectly standardised rate per 100 people aged 15 years and over (URP, 2021), based on the Australian standard.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

### **Aboriginal people aged 15 years and over who reported they had dementia (including Alzheimer's), 2021**

#### **- by IARE, PHN, Quintile, Remoteness Area**

**Indicator detail:** This variable describes whether a person aged 15 years and over has been told by a doctor or nurse that they have dementia (including Alzheimer's).

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'dementia (including Alzheimer's)' on the Census form.

The data are comprised of people aged 15 years and over who reported they have had dementia (including Alzheimer's), expressed as an indirectly standardised rate per 100 people aged 15 years and over (URP, 2021), based on the Australian standard.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

### **Aboriginal people aged 15 years and over who reported they had diabetes (excluding gestational diabetes), 2021**

#### **- by IARE, PHN, Quintile, Remoteness Area**

**Indicator detail:** This variable describes whether a person aged 15 years and over has been told by a doctor or nurse that they have diabetes (excluding gestational diabetes).

The Census Health question does not distinguish between type 1 and type 2 diabetes. Therefore, this variable will include respondents reporting both forms of diabetes.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Diabetes (excluding gestational diabetes)' on the Census form.

The data are comprised of people aged 15 years and over who reported they have had diabetes (excluding gestational diabetes), expressed as an indirectly standardised rate per 100 people aged 15 years and over (URP, 2021), based on the Australian standard.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

### **Aboriginal people aged 15 years and over who reported they had heart disease (including heart attack or angina), 2021**

#### **- by IARE, PHN, Quintile, Remoteness Area**

**Indicator detail:** This variable describes whether a person aged 15 years and over has been told by a doctor or nurse that they have heart disease (including heart attack or angina).

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Heart disease (including heart attack or angina)' on the Census form.

The data are comprised of people aged 15 years and over who reported they have had heart disease (including heart attack or angina), expressed as an indirectly standardised rate per 100 people aged 15 years and over (URP, 2021), based on the Australian standard.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

### **Aboriginal people aged 15 years and over who reported they had kidney disease, 2021**

#### **- by IARE, PHN, Quintile, Remoteness Area**

**Indicator detail:** This variable describes whether a person aged 15 years and over has been told by a doctor or nurse that they have kidney disease.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Kidney disease' on the Census form.

The data are comprised of people aged 15 years and over who reported they have had kidney disease, expressed as an indirectly standardised rate per 100 people aged 15 years and over (usual resident population, 2021), based on the Australian standard.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

### **Aboriginal people aged 15 years and over who reported they had a lung condition (including COPD and emphysema), 2021**

#### **- by IARE, PHN, Quintile, Remoteness Area**

**Indicator detail:** This variable describes whether a person aged 15 years and over has been told by a doctor or nurse that they have lung condition (including Chronic Obstructive Pulmonary Disorder (COPD) and emphysema).

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Lung condition (including COPD and emphysema)' on the Census form.

The data are comprised of people aged 15 years and over who reported they have had a lung condition (including COPD and emphysema), expressed as an indirectly standardised rate per 100 people aged 15 years and over (URP, 2021), based on the Australian standard.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

### Aboriginal people aged 15 years and over who reported they had a mental health condition (including depression and anxiety), 2021

#### - by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** This variable describes whether a person aged 15 years and over has been told by a doctor or nurse that they had a mental health condition (including depression and anxiety).

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Mental health condition (including depression and anxiety)' on the Census form.

The data are comprised of people aged 15 years and over who reported they have had a mental health condition (including depression and anxiety), expressed as an indirectly standardised rate per 100 people aged 15 years and over (URP, 2021), based on the Australian standard.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

### Aboriginal people aged 15 years and over who reported they had a stroke, 2021

#### - by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** This variable describes whether a person aged 15 years and over has been told by a doctor or nurse that they had a stroke.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Stroke' on the Census form.

The data are comprised of people aged 15 years and over who reported they have had stroke, expressed as an indirectly standardised rate per 100 people aged 15 years and over (URP, 2021), based on the Australian standard.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

### Aboriginal people aged 15 years and over who reported they had any other long-term health conditions, 2021

#### - by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** This variable describes whether a person has been told by a doctor or nurse that they have a long-term health condition that is not:

- arthritis
- asthma
- cancer (including remission)
- dementia (including Alzheimer's)
- diabetes (excluding gestational diabetes)
- heart disease (including heart attack or angina)
- kidney disease
- lung condition (including COPD) or emphysema
- mental health condition (including depression or anxiety)
- stroke.

This variable does not indicate whether a person has multiple long-term health conditions.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Any other long-term health condition(s)'.

The data are comprised of people aged 15 years and over who reported that they have had any other long-term health conditions, expressed as an indirectly standardised rate per 100 people aged 15 years and over (URP, 2021), based on the Australian standard.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

## Selected long-term health conditions, by condition; children and young people (0 to 14 years), 2021

### Aboriginal people aged 0 to 14 years who reported they had asthma, 2021

#### - by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** This variable describes whether a person aged 0 to 14 years has been told by a doctor or nurse that they have asthma.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Asthma' on the Census form.

The data are comprised of people aged 0 to 14 years who reported that they have had asthma, expressed as an indirectly standardised rate per 100 people aged 0 to 14 years (URP, 2021), based on the Australian standard.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

## Aboriginal people aged 0 to 14 years who reported they had a mental health condition (including depression and anxiety), 2021

### - by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** This variable describes whether a person aged 0 to 14 years has been told by a doctor or nurse that they had a mental health condition (including depression and anxiety).

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Mental health condition (including depression and anxiety)' on the Census form.

The data are comprised of people aged 0 to 14 years who reported that they have had a mental health condition (including depression and anxiety), expressed as an indirectly standardised rate per 100 people aged 0 to 14 years (URP, 2021), based on the Australian standard.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

## Aboriginal people aged 0 to 14 years who reported they had any other long-term health conditions, 2021

### - by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** This variable describes whether a person has been told by a doctor or nurse that they have a long-term health condition that is not:

- arthritis
- asthma
- cancer (including remission)
- dementia (including Alzheimer's)
- diabetes (excluding gestational diabetes)
- heart disease (including heart attack or angina)
- kidney disease
- lung condition (including COPD) or emphysema
- mental health condition (including depression or anxiety)
- stroke.

This variable does not indicate whether a person has multiple long-term health conditions.

This variable is derived from responses to the long-term health conditions question. It counts the number of people who marked 'Any other long-term health condition(s)'.

The data are comprised of people aged 0 to 14 years who reported that they have had any other long-term health conditions, expressed as an indirectly standardised rate per 100 people aged 0 to 14 years (URP, 2021), based on the Australian standard.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

## Self-assessed health (modelled estimates), 2018–19

In the absence of data from administrative data sets, estimates were produced for self-assessed health from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS), conducted by the Australian Bureau of Statistics (ABS). For further details on the production of these estimates (referred to as modelled estimates) and caveats, see [Modelled estimates](#), above.

### Estimated number of people aged 15 years and over, who reported their self-assessed health as fair or poor, 2018–19

#### - by IARE, Remoteness Areas

### Estimated number of people aged 15 years and over, who reported their self-assessed health as good, 2018–19

#### - by IARE, Remoteness Areas

### Estimated number of people aged 15 years and over, who reported their self-assessed health as excellent or very good, 2018–19

#### - by IARE, Remoteness Areas

**Indicator detail:** The data on which the estimates are based are self-reported data, reported to interviewers in the NATSIHS. Respondents aged 15 years and over were asked to assess their health on a scale from 'poor' to 'excellent' (the scale was 'poor', 'fair', 'good', 'very good', or 'excellent'). Data reported are the sum of responses categorised as 'poor or fair', 'good' and 'very good or excellent'.

**Source:** Estimates for Indigenous Areas (IAREs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data, produced for PHIDU, from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey.

Estimates for Indigenous Regions (IREGs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey: Small Area Estimates, Australia (ABS Cat. no. 4715.0).

Estimates for Remoteness Areas were compiled by PHIDU based on direct estimates from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey, ABS TableBuilder.

## Prevalence of selected chronic diseases and conditions (modelled estimates), 2018–19

In the absence of data from administrative data sets, estimates were produced for selected chronic diseases and conditions from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS), conducted by the Australian Bureau of Statistics (ABS). For further details on the production of these estimates (referred to as modelled estimates) and caveats, see [Modelled estimates](#), above.

### Estimated number of people with circulatory system diseases, 2018–19

#### - by IARE, Remoteness Areas

**Indicator detail:** As part of the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS), respondents were asked if they had ever been told by a doctor or nurse that they had one or more heart or other circulatory system conditions and if they considered they currently have one or more such conditions.

The following conditions, however, were included regardless of whether the condition was current and/or long-term:

- angina;
- heart attack;
- other ischaemic heart diseases;
- stroke;
- other cerebrovascular diseases.

A long-term condition is defined as a condition that has lasted, or is expected to last, for 6 months or more.

**Source:** Estimates for Indigenous Areas (IAREs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data, produced for PHIDU, from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey.

Estimates for Indigenous Regions (IREGs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey: Small Area Estimates, Australia (ABS Cat. no. 4715.0).

Estimates for Remoteness Areas are direct estimates compiled by PHIDU from Australian Bureau of Statistics customised reports, produced for PHIDU, from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey.

### Estimated number of people with endocrine, nutritional and metabolic diseases (including diabetes), 2018–19

#### - by IARE, Remoteness Areas

**Indicator detail:** These data refer to people ever told by a doctor or nurse that they have diabetes, high cholesterol or other endocrine, nutritional and metabolic diseases; or not diagnosed but who consider their condition to be current and long-term. A long-term condition is defined as a condition that is current and has lasted, or is expected to last, for 6 months or more.

**Source:** Estimates for Indigenous Areas (IAREs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data, produced for PHIDU, from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey.

Estimates for Indigenous Regions (IREGs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey: Small Area Estimates, Australia (ABS Cat. no. 4715.0).

Estimates for Remoteness Areas were compiled by PHIDU based on direct estimates from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey, ABS TableBuilder.

### Estimated number of people with respiratory system diseases, 2018–19

#### - by IARE, Remoteness Areas

**Indicator detail:** These data refer to people ever told by a doctor or nurse that they have asthma, bronchitis, emphysema or other respiratory system disease; or not diagnosed but who consider their condition to be current and long-term. A long-term condition is defined as a condition that is current and has lasted, or is expected to last, for 6 months or more.

**Source:** Estimates for Indigenous Areas (IAREs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data, produced for PHIDU, from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey.

Estimates for Indigenous Regions (IREGs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey: Small Area Estimates, Australia (ABS Cat. no. 4715.0).

Estimates for Remoteness Areas were compiled by PHIDU based on direct estimates from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey, ABS TableBuilder.



## Prevalence of selected health risk factors (modelled estimates), 2018–19

In the absence of data from administrative data sets, estimates were produced for selected health risk factors from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS), conducted by the Australian Bureau of Statistics (ABS). For further details on the production of these estimates (referred to as modelled estimates) and caveats, see [Modelled estimates](#), above.

### Estimated number of people aged 18 years and over with low or moderate psychological distress, based on the modified Kessler Psychological Distress Scale (K5)

- by IARE, Remoteness Areas

### Estimated number of people aged 18 years and over with high or very high psychological distress, based on the modified Kessler Psychological Distress Scale (K5)

- by IARE, Remoteness Areas

**Indicator detail:** Information was collected from respondents aged 18 years and over using the Kessler Psychological Distress Scale-5 (K5), a modified version of the Kessler Psychological Distress Scale-10 (K10) designed for use in surveys of Aboriginal and Torres Strait Islander people. This modified 5 item questionnaire yields a measure of psychological distress based on questions about negative emotional states (with different degrees of severity) experienced in the four weeks prior to interview. For each question, there is a five-level response scale based on the amount of time that a respondent experienced those particular feelings. The response options are 'none of the time'; 'a little of the time'; 'some of the time'; 'most of the time'; or 'all of the time'. Each of the items are scored from 1 for 'none' to 5 for 'all of the time'. Scores for the five items are summed, yielding a minimum possible score of 5 and a maximum possible score of 25, with low scores indicating low levels of psychological distress and high scores indicating high levels of psychological distress.

K5 results from the 2018–19 NATSIHS are grouped into the following two levels of psychological distress: 'low/moderate' (scores of 5-11, indicating moderate, little or no psychological distress) and 'high/very high' (scores of 12-25). Based on research from other population studies, a 'very high' level of psychological distress shown by the K10 may indicate a need for professional help. In this atlas, data are published for respondents aged 18 years and over who scored in the 'low/moderate' or 'high/very high' levels of psychological distress.

**Source:** Estimates for Indigenous Areas (IAREs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data, produced for PHIDU, from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey.

Estimates for Indigenous Regions (IREGs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey: Small Area Estimates, Australia (ABS Cat. no. 4715.0).

Estimates for Remoteness Areas were compiled by PHIDU based on direct estimates from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey, ABS TableBuilder.

### Estimated number of people aged 15 years and over who were underweight or in the normal weight range

- by IARE, Remoteness Areas

### Estimated number of people aged 15 years and over who were overweight (but not obese)

- by IARE, Remoteness Areas

### Estimated number of people aged 15 years and over who were obese

- by IARE, Remoteness Areas

### Estimated number of people aged 15 years and over who were overweight or obese

- by IARE, Remoteness Areas

**Indicator detail:** The Body Mass Index (BMI) (or Quetelet's index) is a measure of relative weight based on an individual's mass and height. The height (cm) and weight (kg) of respondents, as measured during the National Aboriginal Torres Strait Islander Health Survey (NATSIHS) interview, were used to calculate the BMI. The BMI categories are as follows:

- Underweight (less than 18.5);
- Normal range (18.5 to less than 25.0);
- Overweight (25.0 to less than 30);
- Obese (30 or over).

The BMI is a useful tool at a population level for measuring trends in body weight, and helping to define population groups who are at higher risk of becoming obese, and therefore developing long-term medical conditions associated with a high BMI, such as type 2 diabetes and cardiovascular disease.

Note that the modelled estimates are based on the 60.1% of Aboriginal people 15 years and over in the sample who had their height and weight measured. For respondents who did not have their height and weight measured, imputation was used to obtain height, weight and BMI scores. For more information refer to the ABS [National Aboriginal and Torres Strait Islander Health Survey methodology](#).

**Source:** Estimates for Indigenous Areas (IAREs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data, produced for PHIDU, from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey.

Estimates for Indigenous Regions (IREGs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey: Small Area Estimates, Australia (ABS Cat. no. 4715.0).

Estimates for Remoteness Areas were compiled by PHIDU based on direct estimates from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey, ABS TableBuilder.

### **Estimated number of people aged 15 years and over who were current daily smokers**

- by IARE, Remoteness Areas

### **Estimated number of people aged 15 years and over who were current smokers (weekly or less than weekly), ex-smokers or have never smoked**

- by IARE, Remoteness Areas

**Indicator detail:** The data on which the estimates are based are self-reported data, reported to interviewers in the 2018–19 NATSIHS. A current daily smoker is an Aboriginal person aged 15 years or over who reported at the time of interview that they smoked manufactured (packet) cigarettes, roll-your-own cigarettes, cigars, pipes or other tobacco products at least once a day. It excludes chewing tobacco and smoking of non-tobacco products. An 'other' smoker is an Aboriginal person aged 15 years or over who reported at the time of interview that they smoked weekly or less than weekly, were ex-smokers or have never smoked

**Source:** Estimates for Indigenous Areas (IAREs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data, produced for PHIDU, from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey.

Estimates for Indigenous Regions (IREGs) are modelled estimates compiled by PHIDU based on Australian Bureau of Statistics data from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey: Small Area Estimates, Australia (ABS Cat. no. 4715.0).

Estimates for Remoteness Areas were compiled by PHIDU based on direct estimates from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey, ABS TableBuilder.

## **Disability**

### **Aboriginal people aged 15 years and over who provided unpaid assistance to people with a disability, 2021**

- by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** The 'Assistance to people with a disability (unpaid)' variable records people who, in the two weeks prior to Census Night, spent time providing unpaid care, help or assistance to family members or others because of a disability, a long-term illness (lasting six months or more) and/or problems related to older age.

The data presented are Aboriginal people aged 15 years and over who provided unpaid assistance to people with a disability, as a proportion of the total Aboriginal population aged 15 years and over.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

### **Aboriginal people with a profound or severe disability (includes people in long-term accommodation), all ages, 2021**

- by IARE, PHN, Quintile, Remoteness Area

### **Aboriginal people with a profound or severe disability and living in households, all ages, 2021**

- by IARE, PHN, Quintile, Remoteness Area

### **Aboriginal people with a profound or severe disability (includes people in long-term accommodation), 0 to 64 years, 2021**

- by IARE, PHN, Quintile, Remoteness Area

### **Aboriginal people with a profound or severe disability and living in households, 0 to 64 years, 2021**

- by IARE, PHN, Quintile, Remoteness Area

### **Aboriginal people with a profound or severe disability (includes people in long-term accommodation), 65 years and over, 2021**

- by IARE, PHN, Quintile, Remoteness Area

### **Aboriginal people with a profound or severe disability and living in households, 65 years and over, 2021**

- by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** The 'Core Activity Need for Assistance' variable was developed by the Australian Bureau of Statistics (ABS) for use in the five-yearly population Census to measure the number of people with a profound or severe disability, and to show their geographic distribution. A person with profound or severe limitation needs help or supervision always (profound) or sometimes (severe) to perform activities that most people undertake at least daily, that is, the core activities of self-care, mobility and/or communication, as the result of a disability, long-term health condition (lasting six months or more), and/or older age. Fewer people are reported under this measure as having a profound or severe disability as are measured in the ABS Survey of Disability, Ageing and Carers (SDAC). The reasons for this are definitional (the SDAC approach, which uses a filtering approach to determine whether the respondent has a disability, and the severity) as compared to the self-report approach in the Census; and the large not-stated category in the Census data, with more people not responding to this set of questions than are reported as having a profound or severe disability. While the SDAC figures should be used as the measure for this concept, the Census data are appropriate for getting an understanding of the geographic distribution of this population group.

The data shown are of Aboriginal people – of all ages/ aged 0 to 64 years/ aged 65 years and over, as appropriate – including those living in long-term residential accommodation in nursing homes, accommodation for the retired or aged (not self-contained), hostels for the disabled and psychiatric hospitals: the 'total' figure in this Atlas includes Aboriginal people living in these accommodation types, whereas the figure for 'living in the households' excludes them.

Details of the total number of people with a disability – including those with a moderate or mild disability – are not available.

**Source:** Compiled by PHIDU based on the ABS Census of Population and Housing, August 2021.

## Median age at death, 2016 to 2020

**Median age at death of Aboriginal males, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

- by IARE, PHN

**Median age at death of Aboriginal females, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

- by IARE, PHN

**Median age at death of Aboriginal persons, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

- by IARE, PHN

**Indicator detail:** Median age of death is an indicator of premature mortality. It is the age at which exactly half the deaths registered in a given time period were deaths of people above that age and half were deaths below that age.

### **Deaths data**

For the detailed data files on which this analysis relies, in releases since 2007, the ABS has applied a staged approach to the coding of cause of death which affects the number of records available for release at any date. In general, the latest year's data are preliminary, the second latest are revised and the data for the earlier years are final. In this way, the majority of records are released earlier than would be the case than were no data released until files had been returned from Coroners' offices. For further information about the ABS revisions process see the following and related sites:

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3303.0Explanatory%20Notes12015?OpenDocument>.

However, data published here are from the following releases: 2016 and 2017, final; 2018, revised; and 2019 and 2020, preliminary.

### **Data quality**

Almost all deaths in Australia are registered. However, Indigenous status is not always recorded, or recorded correctly. The incompleteness of Indigenous identification (referred to as completeness of coverage) means that the number of deaths registered as Indigenous is an underestimate of the actual number of deaths which occur in the Indigenous population. It should also be noted that completeness of coverage is likely to vary between geographical areas.

While there is incomplete coverage of Indigenous deaths in all state and territory registration systems, some jurisdictions have been assessed by the Australian Bureau of Statistics (ABS) as having a sufficient level of coverage to enable statistics on Aboriginal and Torres Strait Islander mortality to be produced. Those jurisdictions are New South Wales, Queensland, South Australia, Western Australia and the Northern Territory.

**Source:** Data compiled by PHIDU from deaths data based on the 2016 to 2020 Cause of Death Unit Record Files supplied by the Australian Coordinating Registry and the Victorian Department of Justice, on behalf of the Registries of Births, Deaths and Marriages and the National Coronial Information System.

## Premature mortality by age and sex, 2016 to 2020

**Deaths of Aboriginal males/ females/ persons aged 0 to 54 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

- by IARE, PHN, Quintile, Remoteness Area

**Deaths of Aboriginal males/ females/ persons aged 0 to 64 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

- by IARE, PHN, Quintile, Remoteness Area

**Deaths of Aboriginal males/ females/ persons aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

## - by IARE, PHN, Quintile, Remoteness Area

**Indicator detail:** The data presented are the average annual indirectly age-standardised rates per 100,000 males/ females/ population (aged 0 to 54 years/ 0 to 64 years /0 to 74 years, as appropriate); and/or indirectly age-standardised ratios, based on the Australian standard.

### **Deaths data**

For the detailed data files on which this analysis relies, in releases since 2007, the ABS has applied a staged approach to the coding of cause of death which affects the number of records available for release at any date. In general, the latest year's data are preliminary, the second latest are revised and the data for the earlier years are final. In this way, the majority of records are released earlier than would be the case than were no data released until files had been returned from Coroners' offices. For further information about the ABS revisions process see the following and related sites:

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3303.0Explanatory%20Notes12015?OpenDocument>.

However, data published here are from the following releases: 2016 and 2017, final; 2018, revised; and 2019 and 2020, preliminary.

### **Data quality**

#### Indigenous deaths

Almost all deaths in Australia are registered. However, Indigenous status is not always recorded, or recorded correctly. The incompleteness of Indigenous identification (referred to as completeness of coverage) means that the number of deaths registered as Indigenous is an underestimate of the actual number of deaths which occur in the Indigenous population. It should also be noted that completeness of coverage is likely to vary between geographical areas.

While there is incomplete coverage of Indigenous deaths in all state and territory registration systems, some jurisdictions have been assessed by the Australian Bureau of Statistics (ABS) as having a sufficient level of coverage to enable statistics on Aboriginal and Torres Strait Islander mortality to be produced. Those jurisdictions are New South Wales, Queensland, South Australia, Western Australia and the Northern Territory.

#### Denominator population

There is a substantial difference between the Census counts of Aboriginal and Torres Strait Islander Australians and the estimated resident population (ERP), adjusted for net undercount as measured by the Post Enumeration Survey undertaken by the ABS; the ERP is 21.1% higher. Given this large difference, and as the ABS has not released Aboriginal ERP by age at the Indigenous Area level as used in the Social Health Atlases, PHIDU has calculated an estimated resident population for 30 June and 2020, and has used this population (erp (PHIDU)p) for the calculation of percentages. Further detail can be obtained by contacting PHIDU.

**Source:** Data compiled by PHIDU from deaths data based on the 2016 to 2020 Cause of Death Unit Record Files supplied by the Australian Coordinating Registry and the Victorian Department of Justice, on behalf of the Registries of Births, Deaths and Marriages and the National Coronial Information System. The population is the estimated resident population (erp (PHIDU)p, average of 2016 to 2020).

## Premature mortality by selected cause, 2016 to 2020

### **Deaths from cancer, Aboriginal people aged 0 to 54 years/ 0 to 64 years/ 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

#### **- by IARE, PHN, Quintile, Remoteness Area**

**ICD-10 codes:** C00-D48

**- Deaths from lung cancer, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

#### **- by IARE, PHN, Quintile, Remoteness Area**

**ICD-10 codes:** C33, C34

### **Deaths from diabetes, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

#### **- by IARE, PHN, Quintile, Remoteness Area**

**ICD-10 codes:** E10-E14

### **Deaths from circulatory system diseases, Aboriginal people aged 0 to 54 years/ 0 to 64 years/ 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

#### **- by IARE, PHN, Quintile, Remoteness Area**

**ICD-10 codes:** I00-I99

**- Deaths from ischaemic heart disease, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

#### **- by IARE, PHN, Quintile, Remoteness Area**

**ICD-10 codes:** I20-25

### **Deaths from respiratory system diseases, Aboriginal people aged 0 to 64 years/ 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

#### **- by IARE, PHN, Quintile, Remoteness Area**

**ICD-10 codes:** J00-J99

- Deaths from chronic obstructive pulmonary disease, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)

- by IARE, PHN, Quintile, Remoteness Area

ICD-10 codes: J40-J44

Deaths from external causes, Aboriginal people aged 0 to 54 years/ 0 to 64 years/ 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)

- by IARE, PHN, Quintile, Remoteness Area

ICD-10 codes: V01-Y98

- Deaths from road traffic injuries, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)

- by IARE, PHN, Quintile, Remoteness Area

ICD-10 codes: V00-V06.[1], V09.2, V09.3, V10-V18.[4,5,9], V19.[4,5,6,9], V20-V28.[4,5,9], V29.[4,5,6,9], V30-V38.[5,6,7,9], V39.[4,5,6,9], V40-V48.[5,6,7,9], V49.[4,5,6,9], V50-V48.[5,6,7,9], V59.[4,5,6,9], V60-V68.[5,6,7,9], V69.[4,5,6,9], V70-V78.[5,6,7,9], V79.[4,5,6,9], V81.1, V82.1, V82.9, V83-V86.[0,1,2,3], V87, V89.2, V89.3

- Deaths from suicide and self-inflicted injuries, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)

- by IARE, PHN, Quintile, Remoteness Area

ICD-10 codes: X60-X84, Y87.0

**Indicator detail:** The data presented are the average annual directly age-standardised rates per 100,000 population (aged 0 to 54 years/ 0 to 64 years /0 to 74 years, as appropriate); and/or directly age-standardised ratios, based on the Australian standard.

#### Deaths data

For deaths data released since 2007, the ABS has applied a staged approach to the coding of cause of death which affects the number of records available for release at any date. In general, the latest year's data are preliminary, the second latest are revised and the data for the earlier years are final. For further information about the ABS revisions process see the following and related sites:

<https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3303.0Explanatory%20Notes12015?OpenDocument>.

However, data published here are from the following releases: 2016 and 2017, final; 2018, revised; and 2019 and 2020, preliminary.

#### Data quality

Almost all deaths in Australia are registered. However, Indigenous status is not always recorded, or recorded correctly. The incompleteness of Indigenous identification (referred to as completeness of coverage) means that the number of deaths registered as Indigenous is an underestimate of the actual number of deaths which occur in the Indigenous population. It should also be noted that completeness of coverage is likely to vary between geographical areas.

While there is incomplete coverage of Indigenous deaths in all state and territory registration systems, some jurisdictions have been assessed by the Australian Bureau of Statistics (ABS) as having a sufficient level of coverage to enable statistics on Aboriginal and Torres Strait Islander mortality to be produced. Those jurisdictions are New South Wales, Queensland, South Australia, Western Australia and the Northern Territory.

**Source:** Data compiled by PHIDU from deaths data based on the 2016 to 2020 Cause of Death Unit Record Files supplied by the Australian Coordinating Registry and the Victorian Department of Justice, on behalf of the Registries of Births, Deaths and Marriages and the National Coronial Information System. The population is the estimated resident population (erp (PHIDU)p), 2016 to 2020 average, click [here](#) for more details.

## Avoidable mortality by sex, 2016 to 2020

Deaths from all avoidable causes, Aboriginal males/ females/ persons aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)

- by IARE, PHN, Quintile, Remoteness Area

**Background:** In 2010, the National Healthcare Agreement (NHA) included a performance indicator called Potentially Avoidable Deaths (PI-20). The specification for this indicator was endorsed by the Australian Health Ministers' Advisory Council in 2009 based on advice from the National Health Information Standards and Statistics Committee (NHISSC).

On 4 December 2013, NHISSC agreed to the re-establishment of the Potentially Preventable Hospitalisations/Potentially Avoidable Deaths (PPH/PAD) Working Group to finalise specification of this performance indicator for the 2015 NHA report. Throughout 2014, work was done by the PPH/PAD Working Group, with further revisions by the Australian Institute of Health and Welfare (AIHW) and including additional NHISSC comments from several states. It also included an examination of the international work in avoidable mortality.

The data presented in this dataset are those listed in the [PI-16 Potentially avoidable deaths, 2018](#).

**Indicator detail:** The data presented are the average annual indirectly age-standardised rates per 100,000 males/ females/ population aged 0 to 74 years; and/or indirectly age-standardised ratios, based on the Australian standard.

Not all of the causes of avoidable mortality are shown in this atlas as some have too few cases to be reliable indicators at the small area level.

#### **Deaths data**

For deaths data released since 2007, the ABS has applied a staged approach to the coding of cause of death which affects the number of records available for release at any date. In general, the latest year's data are preliminary, the second latest are revised and the data for the earlier years are final. For further information about the ABS revisions process see the following and related sites:

<https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3303.0Explanatory%20Notes12015?OpenDocument>.

However, data published here are from the following releases: 2016 and 2017, final; 2018, revised; and 2019 and 2020, preliminary.

#### **Data quality**

Almost all deaths in Australia are registered. However, Indigenous status is not always recorded, or recorded correctly. The incompleteness of Indigenous identification (referred to as completeness of coverage) means that the number of deaths registered as Indigenous is an underestimate of the actual number of deaths which occur in the Indigenous population. It should also be noted that completeness of coverage is likely to vary between geographical areas.

While there is incomplete coverage of Indigenous deaths in all state and territory registration systems, some jurisdictions have been assessed by the Australian Bureau of Statistics (ABS) as having a sufficient level of coverage to enable statistics on Aboriginal and Torres Strait Islander mortality to be produced. Those jurisdictions are New South Wales, Queensland, South Australia, Western Australia and the Northern Territory.

**Source:** Data compiled by PHIDU from deaths data based on the 2016 to 2020 Cause of Death Unit Record Files supplied by the Australian Coordinating Registry and the Victorian Department of Justice, on behalf of the Registries of Births, Deaths and Marriages and the National Coronial Information System. The population is the estimated resident population (erp (PHIDU)p), 2016 to 2020 average, click [here](#) for more details.

### **Avoidable mortality by selected cause, 2016 to 2020**

**Avoidable deaths from cancer, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

- by IARE, PHN, Quintile, Remoteness Area

**Avoidable deaths from diabetes, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

- by IARE, PHN, Quintile, Remoteness Area

**Avoidable deaths from circulatory system diseases, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

- by IARE, PHN, Quintile, Remoteness Area

- Avoidable deaths from ischaemic heart disease, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)

- by IARE, PHN, Quintile, Remoteness Area

**Avoidable deaths from respiratory system diseases, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

- by IARE, PHN, Quintile, Remoteness Area

- Avoidable deaths from chronic obstructive pulmonary disease, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)

- by IARE, PHN, Quintile, Remoteness Area

**Avoidable deaths from selected external causes of mortality (Falls; fires, burns; Suicide and self-inflicted injuries; etc.), Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

- by IARE, PHN, Quintile, Remoteness Area

- Avoidable deaths from suicide and self-inflicted injuries, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)

- by IARE, PHN, Quintile, Remoteness Area

**Avoidable deaths from other external causes of mortality (Transport accidents; Accidental drowning and submersion; etc.), Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

- by IARE, PHN, Quintile, Remoteness Area

- Avoidable deaths transport accidents, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)

- by IARE, PHN, Quintile, Remoteness Area

**Background:** In 2010, the National Healthcare Agreement (NHA) included a performance indicator called Potentially Avoidable Deaths (PI-20). The specification for this indicator was endorsed by the Australian Health Ministers'

Advisory Council in 2009 based on advice from the National Health Information Standards and Statistics Committee (NHISSC).

On 4 December 2013, NHISSC agreed to the re-establishment of the Potentially Preventable Hospitalisations/Potentially Avoidable Deaths (PPH/PAD) Working Group to finalise specification of this performance indicator for the 2015 NHA report. Throughout 2014, work was done by the PPH/PAD Working Group, with further revisions by the Australian Institute of Health and Welfare (AIHW) and including additional NHISSC comments from several states. It also included an examination of the international work in avoidable mortality.

The data presented in this dataset are those listed in the [PI-16 Potentially avoidable deaths, 2020](#).

**Indicator detail:** The data presented are the average annual indirectly age-standardised rates per 100,000 males/ females/ population aged 0 to 74 years; and/or indirectly age-standardised ratios, based on the Australian standard. Not all of the causes of avoidable mortality are shown in this atlas as some have too few cases to be reliable indicators at the small area level.

#### **Deaths data**

For deaths data released since 2007, the ABS has applied a staged approach to the coding of cause of death which affects the number of records available for release at any date. In general, the latest year's data are preliminary, the second latest are revised and the data for the earlier years are final. For further information about the ABS revisions process see the following and related sites:

<https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3303.0Explanatory%20Notes12015?OpenDocument>.

However, data published here are from the following releases: 2016 and 2017, final; 2018, revised; and 2019 and 2020, preliminary.

#### **Data quality**

Almost all deaths in Australia are registered. However, Indigenous status is not always recorded, or recorded correctly. The incompleteness of Indigenous identification (referred to as completeness of coverage) means that the number of deaths registered as Indigenous is an underestimate of the actual number of deaths which occur in the Indigenous population. It should also be noted that completeness of coverage is likely to vary between geographical areas.

While there is incomplete coverage of Indigenous deaths in all state and territory registration systems, some jurisdictions have been assessed by the Australian Bureau of Statistics (ABS) as having a sufficient level of coverage to enable statistics on Aboriginal and Torres Strait Islander mortality to be produced. Those jurisdictions are New South Wales, Queensland, South Australia, Western Australia and the Northern Territory.

**Source:** Data compiled by PHIDU from deaths data based on the 2016 to 2020 Cause of Death Unit Record Files supplied by the Australian Coordinating Registry and the Victorian Department of Justice, on behalf of the Registries of Births, Deaths and Marriages and the National Coronial Information System. The population is the estimated resident population (erp (PHIDU)p), 2016 to 2020 average, click [here](#) for more details.

## Potential years of life lost by age and sex, 2016 to 2020

**Potential years of life lost, Aboriginal males/ females/ persons by broad year age group (0 to 54, 0 to 64 and 0 to 74 years), 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

**- by IARE, PHN, Quintile, Remoteness Area**

**Indicator detail:** The data presented are the sum of the number of years between the actual age at death and 75 years of age for all deaths of each of Aboriginal and Torres Strait Islander males, females, persons aged 0 to 54, 0 to 64 and 0 to 74 years over the years 2016 to 2020, expressed as an average annual indirectly age-standardised rates per 1,000 Aboriginal males/ females/ population (aged 0 to 54, 0 to 64 and 0 to 74 years); and/or indirectly age-standardised ratios, based on the Australian standard.

#### **Deaths data**

For the detailed data files on which this analysis relies released since 2007, the ABS has applied a staged approach to the coding of cause of death which affects the number of records available for release at any date. In general, the latest year's data are preliminary, the second latest are revised and the data for the earlier years are final. In this way, the majority of records are released earlier than would be the case than were no data released until files had been returned from Coroners' offices. For further information about the ABS revisions process see the following and related sites:

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3303.0Explanatory%20Notes12015?OpenDocument>.

However, data published here are from the following releases: 2016 and 2017, final; 2018, revised; and 2019 and 2020, preliminary.

#### **Data quality**

Almost all deaths in Australia are registered. However, Indigenous status is not always recorded, or recorded correctly. The incompleteness of Indigenous identification (referred to as completeness of coverage) means that the number of deaths registered as Indigenous is an underestimate of the actual number of deaths which occur in the Indigenous population. It should also be noted that completeness of coverage is likely to vary between geographical areas.

While there is incomplete coverage of Indigenous deaths in all state and territory registration systems, some jurisdictions have been assessed by the Australian Bureau of Statistics (ABS) as having a sufficient level of coverage to enable statistics on Aboriginal and Torres Strait Islander mortality to be produced. Those jurisdictions are New South Wales, Queensland, South Australia, Western Australia and the Northern Territory.

**Source:** Data compiled by PHIDU from deaths data based on the 2016 to 2020 Cause of Death Unit Record Files supplied by the Australian Coordinating Registry and the Victorian Department of Justice, on behalf of the Registries of Births, Deaths and Marriages and the National Coronial Information System. The population is the estimated resident population (erp (PHIDU)p), 2016 to 2020 average, click [here](#) for more details.

## Potential years of life lost by selected cause, 2016 to 2020

**Potential years of life lost from cancer, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

- by IARE, PHN, Quintile, Remoteness Area

**ICD-10 codes:** C00-D48

- **Potential years of life lost from lung cancer, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

- by IARE, PHN, Quintile, Remoteness Area

**ICD-10 codes:** C33, C34

**Potential years of life lost from diabetes, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

- by IARE, PHN, Quintile, Remoteness Area

**ICD-10 codes:** E10-E14

**Potential years of life lost from circulatory system diseases, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

- by IARE, PHN, Quintile, Remoteness Area

**ICD-10 codes:** I00-I99

- **Potential years of life lost from ischaemic heart disease, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

- by IARE, PHN, Quintile, Remoteness Area

**ICD-10 codes:** I20-25

**Potential years of life lost from respiratory system diseases, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

- by IARE, PHN, Quintile, Remoteness Area

**ICD-10 codes:** J00-J99

- **Deaths from chronic obstructive pulmonary disease, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

- by IARE, PHN, Quintile, Remoteness Area

**ICD-10 codes:** J40-J44

**Potential years of life lost from external causes, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

- by IARE, PHN, Quintile, Remoteness Area

**ICD-10 codes:** V01-Y98

- **Potential years of life lost from road traffic injuries, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

- by IARE, PHN, Quintile, Remoteness Area

**ICD-10 codes:** V00-V06.[1], V09.2, V09.3, V10-V18.[4,5,9], V19.[4,5,6,9], V20-V28.[4,5,9], V29.[4,5,6,9], V30-V38.[5,6,7,9], V39.[4,5,6,9], V40-V48.[5,6,7,9], V49.[4,5,6,9], V50-V48.[5,6,7,9], V59.[4,5,6,9], V60-V68.[5,6,7,9], V69.[4,5,6,9], V70-V78.[5,6,7,9], V79.[4,5,6,9], V81.1, V82.1, V82.9, V83-V86.[0,1,2,3], V87, V89.2, V89.3

- **Potential years of life lost from suicide and self-inflicted injuries, Aboriginal people aged 0 to 74 years, 2016 to 2020 (NSW, Qld, SA, WA & NT only)**

- by IARE, PHN, Quintile, Remoteness Area

**ICD-10 codes:** X60-X84, Y87.0

**Indicator detail:** The data presented are the sum of the number of years between the actual age at death and 75 years of age for all deaths by selected cause of Aboriginal and Torres Strait Islander people aged 0 to 74 years over the years 2016 to 2020, expressed as an average annual indirectly age-standardised rates per 1,000 Aboriginal people (aged 0 to 74 years); and/or indirectly age-standardised ratios, based on the Australian standard.



### Deaths data

For the detailed data files on which this analysis relies released since 2007, the ABS has applied a staged approach to the coding of cause of death which affects the number of records available for release at any date. In general, the latest year's data are preliminary, the second latest are revised and the data for the earlier years are final. In this way, the majority of records are released earlier than would be the case than were no data released until files had been returned from Coroners' offices. For further information about the ABS revisions process see the following and related sites:

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3303.0Explanatory%20Notes12015?OpenDocument>.

However, data published here are from the following releases: 2016 and 2016, final; 2017, revised; and 2018 and 2020, preliminary.

### Data quality

Almost all deaths in Australia are registered. However, Indigenous status is not always recorded, or recorded correctly. The incompleteness of Indigenous identification (referred to as completeness of coverage) means that the number of deaths registered as Indigenous is an underestimate of the actual number of deaths which occur in the Indigenous population. It should also be noted that completeness of coverage is likely to vary between geographical areas.

While there is incomplete coverage of Indigenous deaths in all state and territory registration systems, some jurisdictions have been assessed by the Australian Bureau of Statistics (ABS) as having a sufficient level of coverage to enable statistics on Aboriginal and Torres Strait Islander mortality to be produced. Those jurisdictions are New South Wales, Queensland, South Australia, Western Australia and the Northern Territory.

**Source:** Data compiled by PHIDU from deaths data based on the 2016 to 2020 Cause of Death Unit Record Files supplied by the Australian Coordinating Registry and the Victorian Department of Justice, on behalf of the Registries of Births, Deaths and Marriages and the National Coronial Information System. The population is the estimated resident population (erp (PHIDU)p), 2016 to 2020 average, click [here](#) for more details.

## Use and provision of health and welfare services

### Hospital admissions, 2017/18 to 2019/20

**Indicator detail:** The data presented are of the number of separations, or completions of the episode of care of an Aboriginal patient in hospital, where the completion can be the discharge, death or transfer of the patient, or a change in the type of care (e.g., from acute to rehabilitation). In this atlas the term 'admission' is used in place of the more technical 'separation'. As these data relate to short-term episodes of care, and not to long-stay episodes, the number of admissions is similar to the number of separations in any year.

Data have been aggregated over a period of three years to increase the number of admissions at the Indigenous Area level, thereby allowing data for more indicators to be published.

Note that the data are based on the count of all admissions. As such, repeat admissions for one person are counted as separate admissions. In addition, patients admitted to one hospital and transferred to another hospital are counted as separate admissions. The impact of these hospital transfers would result in a higher rate of admissions in regional areas compared to the metropolitan areas, as well as for certain conditions which are more likely to result in transfers.

Caution should be used in the interpretation of these data because of jurisdictional differences in data quality as well as under-identification of Aboriginal and Torres Strait Islander people. The AIHW found that nationally, about 88% of Indigenous Australians were identified correctly in hospital admissions data in the 2011–12 study period, and the 'true' number of separations for Indigenous Australians was about 9% higher than reported (Australian Institute of Health and Welfare 2016. Admitted patient care 2014–15: Australian hospital statistics. Health services series no. 68. Cat. no. HSE 172. Canberra: AIHW).

**Exclusions:** The national data published by the Australian Institute of Health and Welfare exclude well babies (i.e., babies not admitted for acute care) who are nine days older or less, other than the second or subsequent live born infant of a multiple birth whose mother is currently an admitted patient. [For further information see Australian Institute of Health and Welfare. Australian hospital statistics 2014-15. Health services series no. 68. (Cat. no. HSE 172) Canberra: AIHW; 2014.].

Same-day admissions for dialysis for kidney disease have also been excluded from the data in this atlas for the categories of admissions for males, females and total people, and admissions of people, by age, as they represent many repeat visits by a relatively small number of patients, who may have multiple admissions in a week: their inclusion can dramatically alter the geographic distribution of other categories of admissions (see the separate note for Same-day admissions for renal dialysis, below, for further details); these data are presented separately. All other same-day admissions are included.

**Confidentiality of data:** Counts of between 0 and 4 admissions have been suppressed.

Where data are published by age and either the age groups 0 to 14 years or 15 years and over has been confidentialised, the alternate age group has also been confidentialised for the same area, as their publication would allow identification of the confidentialised age group.

**Source:** Compiled by PHIDU using data from the Australian Institute of Health and Welfare, supplied on behalf of State and Territory health departments for 2017/18 to 2019/20; 2017, 2018, 2019 and 2020 weighted average estimated resident population (erp (PHIDU)p) was calculated by PHIDU.

**Note:** Indigenous Areas in Queensland have been combined at the request of Queensland Health, as shown below.

<b>Indigenous Area Code</b>	<b>Indigenous Area Name</b>	<b>Indigenous Area adjusted</b>
305001	Banana	Banana - North Burnett
305008	North Burnett	Banana - North Burnett
304001	Boulia - Diamantina - Winton	Boulia - Diamantina - Winton - Cloncurry - McKinlay
304003	Cloncurry - McKinlay	Boulia - Diamantina - Winton - Cloncurry - McKinlay
309002	Cairns	Cairns - Yarrabah
309003	Cairns - Far North Coast	Cairns - Yarrabah
309004	Cairns - Southern Hinterlands	Cairns - Yarrabah
309011	Yarrabah	Cairns - Yarrabah
305002	Barcaldine - Blackall - Longreach	Central Capricorn - Barcaldine - Blackall - Longreach - Nebo - Clermont
305004	Central Capricorn	Central Capricorn - Barcaldine - Blackall - Longreach - Nebo - Clermont
305007	Nebo - Clermont	Central Capricorn - Barcaldine - Blackall - Longreach - Nebo - Clermont
306003	Cherbourg	Murgon - Cherbourg - South Burnett
306013	South Burnett	Murgon - Cherbourg - South Burnett
306009	Murgon	Murgon - Cherbourg - South Burnett
301005	Esk - Kilcoy	Esk - Kilcoy - Nanango - Kilkivan
306011	Nanango - Kilkivan	Esk - Kilcoy - Nanango - Kilkivan
310003	Charters Towers	Flinders - Richmond - Dalrymple - Charters Towers
310004	Flinders - Richmond - Dalrymple	Flinders - Richmond - Dalrymple - Charters Towers
310005	Ingham - Hinchinbrook	Ingham - Hinchinbrook - Tully - Cardwell - Jumbun - Innisfail - Johnstone - Palm Island
309007	Innisfail - Johnstone	Ingham - Hinchinbrook - Tully - Cardwell - Jumbun - Innisfail - Johnstone - Palm Island
310009	Palm Island	Ingham - Hinchinbrook - Tully - Cardwell - Jumbun - Innisfail - Johnstone - Palm Island
309010	Tully - Cardwell - Jumbun	Ingham - Hinchinbrook - Tully - Cardwell - Jumbun - Innisfail - Johnstone - Palm Island
309001	Atherton	Atherton - Eacham - Herberton - Ravenshoe
309005	Eacham	Atherton - Eacham - Herberton - Ravenshoe
309006	Herberton - Ravenshoe	Atherton - Eacham - Herberton - Ravenshoe
309008	Kuranda - Croydon	Kuranda - Croydon - Mareeba
309009	Mareeba	Kuranda - Croydon - Mareeba
310006	Mackay	Mackay - Sarina - Mirani
310007	Mackay - Surrounds	Mackay - Sarina - Mirani
310008	Mirani	Mackay - Sarina - Mirani
310011	Sarina	Mackay - Sarina - Mirani
306001	Balonne	Maranoa - Roma - Mitchell - Balonne
306008	Maranoa - Roma - Mitchell	Maranoa - Roma - Mitchell - Balonne
306002	Bulloo - Quilpie - Barcoo	Murweh - Paroo - Bulloo - Quilpie - Barcoo
306010	Murweh	Murweh - Paroo - Bulloo - Quilpie - Barcoo
306012	Paroo	Murweh - Paroo - Bulloo - Quilpie - Barcoo
306004	Cooloolo - Gympie	Noosa - Cooloolo - Gympie
301011	Noosa	Noosa - Cooloolo - Gympie
304002	Carpentaria - Burke - Mornington	Northern Peninsula Area - Cape York - Carpentaria
303001	Aurukun	Northern Peninsula Area - Cape York - Carpentaria
303002	Cape York	Northern Peninsula Area - Cape York - Carpentaria
303003	Cooktown	Northern Peninsula Area - Cape York - Carpentaria
303004	Hope Vale	Northern Peninsula Area - Cape York - Carpentaria
307001	Kaiwalagal - Inner Islands	Northern Peninsula Area - Cape York - Carpentaria
307002	Kalakawal - Top Western Islands	Northern Peninsula Area - Cape York - Carpentaria
307003	Kalalagal - Western Islands	Northern Peninsula Area - Cape York - Carpentaria
303005	Kowanyama	Northern Peninsula Area - Cape York - Carpentaria
307004	Kulkalgal - Central Islands	Northern Peninsula Area - Cape York - Carpentaria

303006	Lockhart River	Northern Peninsula Area - Cape York - Carpentaria
303007	Mapoon - Napranum - Weipa	Northern Peninsula Area - Cape York - Carpentaria
307005	Meriam - Eastern Islands	Northern Peninsula Area - Cape York - Carpentaria
303008	Northern Peninsula Area	Northern Peninsula Area - Cape York - Carpentaria
303009	Pormpuraaw	Northern Peninsula Area - Cape York - Carpentaria
309011	Wujal Wujal and Outstations	Northern Peninsula Area - Cape York - Carpentaria
310001	Bowen (Qld)	Proserpine - Whitsunday - Bowen (Qld)
310010	Proserpine - Whitsunday	Proserpine - Whitsunday - Bowen (Qld)
301012	Pine Rivers	Redcliffe - Pine Rivers
301013	Redcliffe	Redcliffe - Pine Rivers
301001	Beaudesert - Boonah	Southern Downs - Beaudesert - Boonah
306014	Southern Downs	Southern Downs - Beaudesert - Boonah
301006	Gatton - Laidley	Toowoomba - Jondaryan - Oakey - Gatton - Laidley
306007	Jondaryan - Oakey	Toowoomba - Jondaryan - Oakey - Gatton - Laidley
306015	Toowoomba - Central	Toowoomba - Jondaryan - Oakey - Gatton - Laidley
306016	Toowoomba - North	Toowoomba - Jondaryan - Oakey - Gatton - Laidley
306017	Toowoomba - South	Toowoomba - Jondaryan - Oakey - Gatton - Laidley
310002	Burdekin - Ayr	Townsville - Burdekin - Ayr
310013	Townsville	Townsville - Burdekin - Ayr
310014	Townsville - Surrounds	Townsville - Burdekin - Ayr
306005	Dalby	Western Downs - Dalby - Goondiwindi - Stanthorpe
306006	Goondiwindi - Stanthorpe	Western Downs - Dalby - Goondiwindi - Stanthorpe
306018	Western Downs	Western Downs - Dalby - Goondiwindi - Stanthorpe

## Admissions by sex, 2017/18 to 2019/20

- Total admissions, Aboriginal persons,
  - by IARE, PHN, Quintile, Remoteness Area
- Male total admissions, Aboriginal males
  - by IARE, PHN, Quintile, Remoteness Area
- Female total admissions, Aboriginal females
  - by IARE, PHN, Quintile, Remoteness Area

## Admissions by age, 2017/18 to 2019/20

- Total admissions, Aboriginal people aged 0 to 14 years
  - by IARE, PHN, Quintile, Remoteness Area
- Total admissions, Aboriginal people aged 15 to 24 years
  - by IARE, PHN, Quintile, Remoteness Area
- Total admissions, Aboriginal people aged 25 to 44 years
  - by IARE, PHN, Quintile, Remoteness Area
- Total admissions, Aboriginal people aged 45 to 64 years
  - by IARE, PHN, Quintile, Remoteness Area
- Total admissions, Aboriginal people aged 65 years and over
  - by IARE, PHN, Quintile, Remoteness Area

## Admissions by selected principal diagnosis, 2017/18 to 2019/20

- Admissions for infectious and parasitic diseases, Aboriginal people
  - by IARE, PHN, Quintile, Remoteness Area
- ICD-10-AM codes: A00-B99
- Admissions for all cancer, Aboriginal people
  - by IARE, PHN, Quintile, Remoteness Area
- ICD-10-AM codes: C00-D48
- Admissions for endocrine, nutritional and metabolic diseases, Aboriginal people
  - by IARE, PHN, Quintile, Remoteness Area
- ICD-10-AM codes: E00-E90

- Admissions for diabetes, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: E10-E14.9

Admissions for mental-health related conditions, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: F00-F99

- Admissions for mood affective disorders, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: F30-F39

Admissions for nervous system diseases, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: G00-G99

Admissions for eye and adnexa diseases, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: H00-H59

Admissions for ear and mastoid process diseases, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: H60-H95

Admissions for circulatory system diseases, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: I00-I99

- Admissions for ischaemic heart disease, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: I20-I25

- Admissions for heart failure, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: I50

Admissions for respiratory system diseases, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: J00-J99

- Admissions for asthma, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: J45-J46

- Admissions for chronic obstructive pulmonary disease (COPD), Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: J40-J44

Admissions for digestive system diseases, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: K00-K93

Admissions for skin and subcutaneous tissue diseases, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: L00-L99

Admissions for musculoskeletal system and connective tissue diseases, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: M00-M99

Admissions for genitourinary system diseases, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: N00-N99

- Admissions for chronic kidney disease, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: 49.0, E10.2, E11.2, E13.2, E14.2, I12, I13, I15.0, I15.1, N00-N07, N08, N11, N12, N14, N15, N16, N18, N19, N25-N28, N39.1, N39.2, E85.1, D59.3, B52.0, Q60-Q63, T82.4, T86.1

Admissions for pregnancy, childbirth and the puerperium, Aboriginal females aged 15 to 44 years

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: O00-O99

Admissions for congenital malformations, deformations and chromosomal abnormalities, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: Q00-Q99

Admissions for injury, poisoning and other external causes, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: S00-T98

## Admissions by selected principal diagnosis and age, 2017/18 to 2019/20

Admissions for infectious and parasitic diseases, Aboriginal people aged 0 to 14 years

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: A00-B99

Admissions for infectious and parasitic diseases, Aboriginal people aged 15 years and over

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: A00-B99

Admissions for respiratory system diseases, Aboriginal people aged 0 to 14 years

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: J00-J99

Admissions for respiratory system diseases, Aboriginal people aged 15 years and over

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: J00-J99

Admissions for digestive system diseases, Aboriginal people aged 0 to 14 years

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: K00-K93

Admissions for digestive system diseases, Aboriginal people aged 15 years and over

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: K00-K93

Admissions for skin and subcutaneous tissue diseases, Aboriginal people aged 0 to 14 years

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: L00-L99

Admissions for skin and subcutaneous tissue diseases, Aboriginal people aged 15 years and over

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: L00-L99

Admissions for injury, poisoning and other external causes, Aboriginal people aged 0 to 14 years

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: S00-T98

Admissions for injury, poisoning and other external causes, Aboriginal people aged 15 years and over

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: S00-T98

## Admissions by principal diagnosis of injury and poisoning, by external cause and sex, 2017/18 to 2019/20

Admissions for transport crash injury, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: V00-V99

Admissions for falls, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

ICD-10-AM codes: W00-W19

Admissions for injury due to exposure to inanimate mechanical forces (i.e., injury due to a thrown or falling object, cuts etc.), Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

**ICD-10-AM codes:** W20-W49

**Admissions for injury due to exposure to animate mechanical forces (i.e., injury due to being accidentally hit, bitten etc. by a person, animal etc.), Aboriginal people**

- by IARE, PHN, Quintile, Remoteness Area

**ICD-10-AM codes:** (W50-W64)

**Admissions for intentional self-harm, Aboriginal people**

- by IARE, PHN, Quintile, Remoteness Area

**ICD-10-AM codes:** X60-X84

**Admissions for assault, Aboriginal people**

- by IARE, PHN, Quintile, Remoteness Area

**ICD-10-AM codes:** X85-Y09

**Admissions for all diagnosis of injury or poisoning, by external cause, Aboriginal people**

- by IARE, PHN, Quintile, Remoteness Area

## Same-day admissions for renal dialysis, 2017/18 to 2019/20

**Additional indicator detail:** The data presented are of the number of same-day admissions for dialysis for kidney disease, including both haemodialysis and peritoneal dialysis, International Classification of Disease (ICD-10-AM) codes Z49.1 and Z49.2. There are two main types of dialysis: peritoneal, which occurs inside the body and can be performed almost anywhere, usually in the home setting; and haemodialysis, which occurs outside the body and is most often conducted in a hospital or satellite setting. The reason for presenting these data separately from overnight admissions is that they represent many repeat visits by a relatively small number of patients, who may have multiple admissions in a week. Their inclusion with other (overnight) admissions can dramatically alter the geographic distribution of these other categories of admissions. This is particularly evident in regional and remote areas, where dialysis facilities are located, and where those using them may have moved to live to be near the facility.

**Admissions for same-day dialysis for kidney disease, Aboriginal people**

- by IARE, PHN, Quintile, Remoteness Area

**ICD-10-AM codes:** Z491 to Z492

Potentially preventable hospitalisations (vaccine-preventable, acute and chronic), 2017/18 to 2019/20

**Additional indicator detail:** Data definitions for potentially preventable hospitalisations are in *the National Healthcare Agreement: PI 18-Selected potentially preventable hospitalisations, 2017* available through METeOR ([METeOR ID: 630028](#)).

**Admissions for potentially preventable conditions, Aboriginal people**

- by IARE, PHN, Quintile, Remoteness Area

## Potentially preventable hospitalisations (vaccine-preventable, acute and chronic), by age, 2017/18 to 2019/20

**Admissions for potentially preventable conditions, Aboriginal people aged 0 to 14 years**

- by IARE, PHN, Quintile, Remoteness Area

**Admissions for potentially preventable conditions, Aboriginal people aged 15 to 24 years**

- by IARE, PHN, Quintile, Remoteness Area

**Admissions for potentially preventable conditions, Aboriginal people aged 25 to 44 years**

- by IARE, PHN, Quintile, Remoteness Area

**Admissions for potentially preventable conditions, Aboriginal people aged 45 to 64 years**

- by IARE, PHN, Quintile, Remoteness Area

**Admissions for potentially preventable conditions, Aboriginal people aged 65 years and over**

- by IARE, PHN, Quintile, Remoteness Area

## Potentially preventable hospitalisations – Vaccine-preventable conditions, 2017/18 to 2019/20

**Admissions for pneumonia and influenza, Aboriginal people**

- by IARE, PHN, Quintile, Remoteness Area

**Admissions for total vaccine-preventable conditions, Aboriginal people**

- by IARE, PHN, Quintile, Remoteness Area

## Potentially preventable hospitalisations – Acute conditions, 2017/18 to 2019/20

Admissions for acute cellulitis, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Admissions for acute convulsions and epilepsy, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Admissions for acute dental conditions, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Admissions for acute ear, nose and throat infections, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Admissions for acute urinary tract infections, including pyelonephritis, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Admissions for total acute conditions, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

## Potentially preventable hospitalisations – Chronic conditions, 2017/18 to 2019/20

Admissions for chronic angina, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Admissions for chronic asthma, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Admissions for chronic congestive heart failure, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Admissions for chronic obstructive pulmonary disease (COPD), Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Admissions for chronic diabetes complications, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Admissions for chronic iron deficiency anaemia, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Admissions for total chronic conditions, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

## Emergency Department presentations, 2019/20

**Indicator detail:** The data include presentations to Emergency Departments (ED) between 1 July 2019 and 30 June 2020. The data presented are sourced from the AIHW's National Non-admitted Patient Emergency Department Care Database (NNAPEDCD), which is based on the Non-admitted Patient Emergency Department Care (NAPEDC) National Minimum Data Set/National Best Endeavours Data Set (NMDS/NBEDS). The NNAPEDCD provides information on the care provided for non-admitted patients registered for care in EDs in public hospitals where the ED meets the following criteria:

- a purposely designed and equipped area with designated assessment, treatment, and resuscitation areas
- the ability to provide resuscitation, stabilisation, and initial management of all emergencies
- availability of medical staff in the hospital 24 hours a day
- designated emergency department nursing staff 24 hours per day 7 days per week, and a designated emergency department nursing unit manager.

Emergency departments (including 'accident and emergency' or 'urgent care centres') that do not meet the criteria above are not in scope for the NMDS, but data may have been provided for some of these by some states and territories.

The coverage of the NNAPEDCD was considered complete for public hospitals which meet the above criteria. The collection does not include all emergency services provided in Australia; for example, emergency service activity provided by private hospitals, or by public hospitals which do not have an ED that meets the above criteria are excluded. This should be taken into account, particularly when comparing data between urban and regional areas, or by Remoteness Area. Additional information as to variation in the provision of ED services between and within States and Territories is provided [here](#).

States and territories provided Emergency Department diagnosis information in several classifications, including SNOMED CT-AU, International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM); and various editions of ICD-10-AM. For the purpose of reporting principal diagnoses, the AIHW mapped the provided information to ICD-10-AM 10th edition codes, where necessary.

**Chapter ICD-10-AM definitions:**

Any of the reported principal diagnosis as per the below:

- A00–B99 (Certain infectious and parasitic diseases)
- F00–F99 (Mental and behavioural disorders)
- I00–I99 (Diseases of the circulatory system)
- J00–J99 (Diseases of the respiratory system)
- K00–K93 (Diseases of the digestive system)
- M00–M99 (Diseases of the musculoskeletal system and connective tissue)
- N00–N99 (Diseases of the genitourinary system)
- S00–T98 (Injury, poisoning and certain other consequences of external causes)
- Z00–Z99 (Factors influencing health status and contact with health services).
- C00–D48, D50–D89, E00–E90, G00–G99, H00–H59, H60–H95, L00–L99, O00–O99, P00–P96, Q00–Q99, R00–R99, U50–Y98 (Other).

**Detail of analysis:** Indirectly age-standardised rate per 100,000 Indigenous population; and/or indirectly age-standardised ratio, based on the Australian standard derived from an Indigenous population. A standardised ratio (SR) provides a comparison to the Australian rate which is assigned a value of 100. Ratios below 100 are proportionally less than the national rate, while ratios above 100 are proportionally higher than the national rate. The SR is the ratio of the observed value to the expected value (the expected value is age-standardised).

**Confidentiality of data:** Counts of between 1 and 4 admissions have been suppressed.

**Source:** Compiled by PHIDU using data from the Australian Institute of Health and Welfare, supplied on behalf of State and Territory health departments for 2019/20; and the estimated resident Aboriginal population, average of 30 June 2019 and 2020, calculated by PHIDU.

**Note:** Indigenous Areas in Queensland have been combined at the request of Queensland Health, as shown below.

Indigenous Area Code	Indigenous Area Name	Indigenous Area adjusted
305001	Banana	Banana - North Burnett
305008	North Burnett	Banana - North Burnett
304001	Boulia - Diamantina - Winton	Boulia - Diamantina - Winton - Cloncurry - McKinlay
304003	Cloncurry - McKinlay	Boulia - Diamantina - Winton - Cloncurry - McKinlay
309002	Cairns	Cairns - Yarrabah
309003	Cairns - Far North Coast	Cairns - Yarrabah
309004	Cairns - Southern Hinterlands	Cairns - Yarrabah
309011	Yarrabah	Cairns - Yarrabah
305002	Barcaldine - Blackall - Longreach	Central Capricorn - Barcaldine - Blackall - Longreach - Nebo - Clermont
305004	Central Capricorn	Central Capricorn - Barcaldine - Blackall - Longreach - Nebo - Clermont
305007	Nebo - Clermont	Central Capricorn - Barcaldine - Blackall - Longreach - Nebo - Clermont
306003	Cherbourg	Murgon - Cherbourg - South Burnett
306013	South Burnett	Murgon - Cherbourg - South Burnett
306009	Murgon	Murgon - Cherbourg - South Burnett
301005	Esk - Kilcoy	Esk - Kilcoy - Nanango - Kilkivan
306011	Nanango - Kilkivan	Esk - Kilcoy - Nanango - Kilkivan
310003	Charters Towers	Flinders - Richmond - Dalrymple - Charters Towers
310004	Flinders - Richmond - Dalrymple	Flinders - Richmond - Dalrymple - Charters Towers
310005	Ingham - Hinchinbrook	Ingham - Hinchinbrook - Tully - Cardwell - Jumbun - Innisfail - Johnstone - Palm Island
309007	Innisfail - Johnstone	Ingham - Hinchinbrook - Tully - Cardwell - Jumbun - Innisfail - Johnstone - Palm Island
310009	Palm Island	Ingham - Hinchinbrook - Tully - Cardwell - Jumbun - Innisfail - Johnstone - Palm Island
309010	Tully - Cardwell - Jumbun	Ingham - Hinchinbrook - Tully - Cardwell - Jumbun - Innisfail - Johnstone - Palm Island
309001	Atherton	Atherton - Eacham - Herberton - Ravenshoe
309005	Eacham	Atherton - Eacham - Herberton - Ravenshoe
309006	Herberton - Ravenshoe	Atherton - Eacham - Herberton - Ravenshoe
309008	Kuranda - Croydon	Kuranda - Croydon - Mareeba



<b>Indigenous Area Code</b>	<b>Indigenous Area Name</b>	<b>Indigenous Area adjusted</b>
309009	Mareeba	Kuranda - Croydon - Mareeba
310006	Mackay	Mackay - Sarina - Mirani
310007	Mackay - Surrounds	Mackay - Sarina - Mirani
310008	Mirani	Mackay - Sarina - Mirani
310011	Sarina	Mackay - Sarina - Mirani
306001	Balonne	Maranoa - Roma - Mitchell - Balonne
306008	Maranoa - Roma - Mitchell	Maranoa - Roma - Mitchell - Balonne
306002	Bulloo - Quilpie - Barcoo	Murweh - Paroo - Bulloo - Quilpie - Barcoo
306010	Murweh	Murweh - Paroo - Bulloo - Quilpie - Barcoo
306012	Paroo	Murweh - Paroo - Bulloo - Quilpie - Barcoo
306004	Cooloola - Gympie	Noosa - Cooloola - Gympie
301011	Noosa	Noosa - Cooloola - Gympie
304002	Carpentaria - Burke - Morningson	Northern Peninsula Area - Cape York - Carpentaria
303001	Aurukun	Northern Peninsula Area - Cape York - Carpentaria
303002	Cape York	Northern Peninsula Area - Cape York - Carpentaria
303003	Cooktown	Northern Peninsula Area - Cape York - Carpentaria
303004	Hope Vale	Northern Peninsula Area - Cape York - Carpentaria
307001	Kaiwalagal - Inner Islands	Northern Peninsula Area - Cape York - Carpentaria
307002	Kalakawal - Top Western Islands	Northern Peninsula Area - Cape York - Carpentaria
307003	Kalalagal - Western Islands	Northern Peninsula Area - Cape York - Carpentaria
303005	Kowanyama	Northern Peninsula Area - Cape York - Carpentaria
307004	Kulkalgal - Central Islands	Northern Peninsula Area - Cape York - Carpentaria
303006	Lockhart River	Northern Peninsula Area - Cape York - Carpentaria
303007	Mapoon - Napranum - Weipa	Northern Peninsula Area - Cape York - Carpentaria
307005	Meriam - Eastern Islands	Northern Peninsula Area - Cape York - Carpentaria
303008	Northern Peninsula Area	Northern Peninsula Area - Cape York - Carpentaria
303009	Pormpuraaw	Northern Peninsula Area - Cape York - Carpentaria
309011	Wujal Wujal and Outstations	Northern Peninsula Area - Cape York - Carpentaria
310001	Bowen (Qld)	Proserpine - Whitsunday - Bowen (Qld)
310010	Proserpine - Whitsunday	Proserpine - Whitsunday - Bowen (Qld)
301012	Pine Rivers	Redcliffe - Pine Rivers
301013	Redcliffe	Redcliffe - Pine Rivers
301001	Beaudesert - Boonah	Southern Downs - Beaudesert - Boonah
306014	Southern Downs	Southern Downs - Beaudesert - Boonah
301006	Gatton - Laidley	Toowoomba - Jondaryan - Oakey - Gatton - Laidley
306007	Jondaryan - Oakey	Toowoomba - Jondaryan - Oakey - Gatton - Laidley
306015	Toowoomba - Central	Toowoomba - Jondaryan - Oakey - Gatton - Laidley
306016	Toowoomba - North	Toowoomba - Jondaryan - Oakey - Gatton - Laidley
306017	Toowoomba - South	Toowoomba - Jondaryan - Oakey - Gatton - Laidley
310002	Burdekin - Ayr	Townsville - Burdekin - Ayr
310013	Townsville	Townsville - Burdekin - Ayr
310014	Townsville - Surrounds	Townsville - Burdekin - Ayr
306005	Dalby	Western Downs - Dalby - Goondiwindi - Stanthorpe
306006	Goondiwindi - Stanthorpe	Western Downs - Dalby - Goondiwindi - Stanthorpe
306018	Western Downs	Western Downs - Dalby - Goondiwindi - Stanthorpe

## **Emergency department presentations by triage category, 2019/20**

Resuscitation and Emergency presentations, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Urgent presentations, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Semi-urgent presentations, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Non-urgent presentations, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Total presentations, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

## **Emergency department presentations by principal diagnosis, 2019/20**

Total presentations for certain infectious and parasitic diseases, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Total presentations for mental and behavioural disorders, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Total presentations for diseases of the circulatory system, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Total presentations for diseases of the respiratory system, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Total presentations for diseases of the digestive system, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Total presentations for diseases of the musculoskeletal system and connective tissue, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Total presentations for diseases of the genitourinary system, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Total presentations for injury, poisoning and certain other consequences of external causes, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Total presentations for factors influencing health status and contact with health services, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Total presentations, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

## **Resuscitation and emergency presentations by principal diagnosis, 2019/20**

Diseases of the respiratory system, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Injury, poisoning and certain other consequences of external causes, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Total resuscitation and emergency presentations, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

## **Urgent presentations by principal diagnosis, 2019/20**

Diseases of the respiratory system, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Injury, poisoning and certain other consequences of external causes, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Total urgent presentations, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

## **Resuscitation, emergency and urgent presentations by principal diagnosis, 2019/20**

Certain infectious and parasitic diseases, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Mental and behavioural disorders, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Diseases of the digestive system, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Diseases of the musculoskeletal system and connective tissue, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Diseases of the genitourinary system, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Total resuscitation, emergency and urgent presentations, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

## **Semi-urgent presentations by principle diagnosis, 2019/20**

Injury, poisoning and certain other consequences of external causes, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Factors influencing health status and contact with health services, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Total semi-urgent presentations, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

## **Non-urgent presentations by principle diagnosis, 2019/20**

Injury, poisoning and certain other consequences of external causes, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Factors influencing health status and contact with health services, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Total non-urgent presentations, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

## **Semi-urgent and non-urgent presentations by principle diagnosis, 2019/20**

Certain infectious and parasitic diseases, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Mental and behavioural disorders, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Diseases of the respiratory system, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Diseases of the digestive system, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Diseases of the musculoskeletal system and connective tissue, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Diseases of the genitourinary system, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area

Total semi-urgent and non-urgent presentations, Aboriginal people

- by IARE, PHN, Quintile, Remoteness Area